UNITED STATES DISTRICT COURT FOR THE

EASTERN DISTRICT OF NEW YORK

Brenna B. Mahoney

Clerk of Court

August Marziliano Chief Deputy, Brooklyn

FILED CLERK

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TATES DISTRIC Michael Kramer 3:30 pm, Apr 08, 202

Theodore Roosevelt Federal Courthouse Emanuel Cellar Federal Courthouse

> 225 Cadman Plaza East Brooklyn, NY 11201 (718) 613-2270

Alfonse D'Amato Federal Courthouse

100 Federal Plaza

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UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK 18-CV-3845 SUPPORTING AFFIDAVIT MARBIN RODRIGUEZ, Plaintiff, FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y. -against -APR 0.8 2022 THE COUNTY OF NASSAU, THE POLICE LONG ISLAND OFFICE COMMISSIONER FOR NASSAU COUNTY STH PRECINCT, DETECTIVE DIANA KELLY, SGT. GUBBA (#8580), POLICE OFFICER NORDOUIST (#9445): POLICE OFFICER LEEB (#9554), POLICE OFFICER McGOWAN (#9956) POLICE OFFICER DIGIAN BATTISTA (#9636) POLICE OFFICER GROGAN (#9854), and JOHN DOE POLICE Office, #1115 in Their individual and official Capacity each and every one of the defendants, Defendants. MARBIN RODRIGUEZ, being duly Sworn deposes and Says: 1) I am the Plaintiff above named in Caption and I Make

This affidavit opposing defendants motion for Dismissal

- or for Summary Judgment and Setting forth all facts that are in dispute.
- 2) Plaintist has Personal Knowledge of the incident That Took place at 100 Rockmart Amenue, Elmont, New York 11003, on the date of June 10, 2017.
- 3) Defendants did not have a warrant to enter property or to Search Plaintiff Room.
- into his Room or to Search his Room.
- 5) Defendants DiGIAM BATTISTA, NOTDOWST, GIOGAN and other John Dee Pelice officers without Provocation ASSAUTED Plaintiff.
- 6) No Consent was given to Defendants by Mr. Galeano to Search the property.
- 1) The Defendants under the Color of law used Their official CAPACITY to Frandantly file false documents and papers to Authorize Their Conclude
 - 8) Defendants Search and Seizused of Property and Person was
- 9) The Defendants Seizuse of Person, Property and sights of All residents on June 10, 2017, at or about 3:30 Am of 100 Rochmort Ave, Elmonti Ny 11003 Was illegal.

- 10) Plaintiff believe defendants Acts, Conduct and behavior was Predicated upon undercover investigation and operation by agents, employees and lor informants for Immigration Customs Enforcement Bureau.
- 11) Plaintiff do not have a criminal record and de not have any Low enforcement Centact.
- 12) Desendonts Kelly, used Fabricated insermation to Search
 The house at ice Rochmart Ave, Elmonti, Ny on June 10,
- 13) Defendant Melly, with other defendants Manufactured a
 Nassau County Police Department document Knowing the
 Content of Said document was not true used the document
 To Violate Plaintiff Censtitutional Rights under Federal and
 STATE Protections.
- 14) Defendante Gubba used his official Capacity to use False information to be False False False false fine a folice Document for The County Nassau Police Deportment
- 15) Desendant Gubba Howming The desendant Police Assaulted Several People including the Plaintiff inside The residence at the Reckment Ave, Elment, N.y. on June 10,2017, Pailed to do a desty endowned upon him to on behalf of the insuried Persons.
 - 16) Desendante Gubba has used his official and individual Capacity to cover up Police Misconduct and violate

Plaintill's Rights under the STATE and Federal

- 17) The County of Nassau hove Failed to incorperate Previsions to encounter Robue Police from displaying discriminatory Acts, Conduct and behavior towards people Subjected to Their official investigations from false Reporting.
- 18) The County of Nassau have allowed Therr Police Deportment at the 5th Precinet to utilize unwritten Policies and ReGulations that throst immigrants without documentations to be Faisely accused of Crimes without Probable of reasonable Cause.
- 19) The County of Nassau employment of a Police Commissioner have not regulated written policies and procedures to assure immigrants procedural process by Police officers are not Fabricated and for Falsely manufactured for Police Promotions in Violation of Equal protection LAWS and Due Process affolded to All Citizens in the united States.
- 20) Defendants, 10Gether have Conspired to lover-up neatifience and assaultive acts, conclust and behavior that has caused serious harm to Plainties and the family of the home were he resided on some 10, 2017 by Mental and Physical harm and Backly insures.
- 21) Desendants disreGarded Their official obligations when They Failed to make available medical theatment.

22) Defendants fail to Report the Physical clamage and Property damages Caused by Their illegal Search and Seizeure of Plaintiff, Property and others residing at 100 Rockmart Ave, Elmont, Ny. 11003

23) Plaintiff was indused while he was being housed and under the Care, Custody and Control at the NASSAU COUNTY CORRECTIONAL FACILITY

24) Plaintiff is Willing to testify in person in any polyinistrative or sudicial proceedings regarding the Contents of this president.

WHEREFORE THE PLAINTIFF RESPECTFULLY REQUEST THAT THIS APPLICATION IS ACCEPTED IN ALL RESPECT.

RESPECTFULLY SUBMITTED,
MARBIN RODIGUEZ PROSE
A#212-948-199

SWORN TO BEFORE ME THIS

4th DAY OF April 2022

NOTARY PUBLIC

JAMES CRYER
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01CR6406465
Qualified in Genesee County
My Commission Expires March 30, 2024

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK

CV-18-38415

MARBIN RODRIGNEZ, Plaintiff,

-against-

THE COUNTY OF NASSAU, THE POLICE COMMISSIONER FOR NASSAU COUNTY 5th PRECINCI, DETECTIVE DIANA KELLY SGT. GUBBA #8580 POLICE OFFICER NORDQUIST #9445; POLICE LEEB #9664. POLICE MCGOWAN #9956, POLICE DIGIAN BATTISTA # 9636, POLICE OFFICER GROGAN # 9854 and JOHN DOE POLICE OFFICER #1115 in Their individual and official Capacity each and every one of me defendants.

Defendant's

MEMORANDUM OF LAW IN SUPPORT OF THE PLAINTIFF, PURSUANT TO RIVE SO TO THE FEDERAL RULES OF CIVIL PROCEDURE, OPPOSE THE DEFENDANT'S MOTION TO DISMISS OR FOR SUMMARY JUDGMENT AND RULE IN THE PLAINTIFF FAVOR INSTEAD, BECAUSE:

Table of Contents Table of Contents Table of Authorities Preliminary Statement Statement of Facts Standard of Review Argument

Conclusion

- 1) Judical review is limited to the administrance record Compiled by the defendants:
- 2) There are disputed Material issues of lack, and
- 3) The defendant's action's was not in accordance with The law and unsupported by Substantial Evidence.

Therefore Plaintits is entitled to Judgment as a Matter of Low.

In Support of this Motion, Plaintiff State as follows:

PRELIMINARY STATEMENT

This Memorandum of law is being Submitted by the Plainflie opposing the defendants Motion for dismissal or for Summary Judgment Pushant to Federal Rule of Civil Procedure 66.

The key issue in this case is a simple one, the desendant's Violated the Plaintiffere Constitutional and Civil Sight's Causing Plaintiff and others Sesious Mental and Physical InJusies when they used Physical force and the Threat of deadly force. The desendant's Conduct demonstrated total disregard to life.

STATEMENT OF FACTS

on the date of June 10, 2017 The defendants acting together Violated Plaintiff Constitutional rights and Their outh of office and a duty that is owe to Plaintiff, when They with Guns drawn and Pointing at everyone, Kicking, Punching, Striking and using language that can only indicate hatred and behavior toward Plaintiff that was discriminatory. Pursuant

To Title 42 U.S.C. Section 1983, 1981, 1985, 1986. defendants actions, conduct and behavior harmed Plaintiff, under the Color of LAW.

Plainties receive inJuries by the desendants to his Neck, back, both news ankle's and head when desendants Hicked him, Stepping on his ankles and Pulling him down the Stairs. Plainties never resisted but was still assaulted by the desendants.

THE Facts that are in dispute: The desendants did not have a warrant to enter or to Search The Person and Preferty at loc Rock maet Avenue, Elmont, New York, County of NASSau.

- 2) Plaintist did not consent to defendants unlawfull enter into his room or to seach his room.
- 3) desendants DiGiam Battista, Nordguist, GloGAN and other John Doe Police officers Withou Prevocation assaulted Plaintiff
- at Ice Rockmart Avenue, Elmont N.y.
- 5) Defendant Kelly, used False information to search Plaintiff
 from.
- 6) The County of Nassau have allowed Their Police Department at the 5th Precinct to utilize unwritten Policies and Regulations That TATGET immiGrants without documentations to be falsely accused of Crimes without Probable or Recseptable Cause.

- De County of Nassau employment of a Pairce Commissioner have not regulated written Policies and Procedures to assure immigrants Procedural Process by Police officers are not fabricated and or falsely Manufactured for Police Promotions in Violation of Equal Protection Lows and Due Process afforded to all Citizens in the united States.
- B) Defendants, to Gethor have Conspired to Cover-up nealisance and assaultive acts, conducts and behavior that has couse Sorious harm to plaintiff and the family of the home were he resided on June 10, 2017 by mental and Physical harm and Boelity indusies.
- They failed to mone available medical Treatment.
- 10) Desendants Railed to Report The Physical damage and property damages Coused by Their illegal Search and Seizeure Of Plaintike, Property and other residience at too Rochmort Avenue, Elmont, Ny,
- 11) Plaintill at all times mentioned was a resident at loo ROCKMARY AVENUE, in the Town of Elmont, County of NASSAU, STATE of Now YORK.

STANDARD OF REVIEW

Plaintiff Presents Genuine Issue of Material Fact

The Summary Judgment Procedure under Fed. R. Civ. P. 56

is designed to secure a Just, speedy and inexpensive

determination of any action. The Court's function is not to

Weigh the evidence and determine the Truth of the matter, but to determine whether there is a genuine issue at to any Material fact and whether the moving party is entitled to sudgment as matter of law. Fed. R. Civ. P. 56(c) the moving party has the initial burden of Showing the absence of a genuine issue of Material fact as to an essential element of the mon-movants case.

Entitlement as matter of Law, Genuine Disputes

A Moving Party who bears the burden of Pool of trial is

entitled to Summary Judgment only when the evidence
indicates that no genuine issue of Material fact exists.

Fed. R. Civ. P. Sou; if the Moving Party does not bear the
burden of Proof, he Must Show that there is an absence of
evidence to Support the nonmoving Party's Case. This burden
is met when the Moving Party identifies those Portions of
the second which demonstrate the absence of Material fact.

The Desendants have not met Their husden of Proof and Therefore
Must mot be granted Simmory Judgment. Robertson v. Am. Airline,
239 F. Supp. 2d S. Butler v. Hyde u.S. Dist. Lexis 900 76

Yates V. Reliane Electric Co. 1989 u.S. Dist Lexis 13685

Butts V. Southwestern Energy Prod. Co., 2014 u.S. Dist. Lexis
130216. Adickes V. S. H. Kress & Co., 398 u.S. 1411

The Plainties Deny Desendants Motion for Summery Judgment and move the Court's to rule in it's favor.

on Sune 10, 2017 The Defendants Acting Together Violated Plainties Constitutional Rights When they illegaly enter The resident With Guns drawn Assaulted Plainties and others causing serious mental and Physical Induries Exhibit-A

Desendants Actions, conduct and behavior harmed Plaintiff, under the Color of LAW.

LAW Enforcement officials, Excessive Force.

The Fourth Amendment Protects one's right to be Secure

from unreasonable Seizure. U.S. Const. amend IV. Claims of

excessive Force are analyzed under the law governing

unreasonable Seizure. To State a Clam for excessive force as

an unreasonable Seizure under the Fourth Amendment, a

Plaintikk must Show that a Seizure occurred and that

it was unreasonable.

Defendants used excessive force on the Plaintiff and others Causing Serious Induries. See Exhibit-B

MARRITLESS SEARCHES, CONSENT TO SEARCH
The Fourth and Fourteenth Amenuments of the united States
Constitution require that a consent to a Search not be coerced,
by explicit or implicit means, by implied threat or covert force.
For, no matter han Subtly the coercion was applied, the
resulting consent would be no more than a pretext for the
undustitied Police intrusion against which the Fourth
Amendment is directed.

No Consent was given to Search The resident at loc Rockmart Avenue, Elmont, New York 11003. See Exhibit-C

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Section 2236. SEARCHES WITHOUT WARRANT
Who ever, being an officer, agent, or employee of the united
States or any department or agency thereof, engaged in the
enforcement of any law of the united States, searches any
Private dwelling used and occupied as such dwelling
Without a warrant directing such search, or Maliciously
and Without reasonable Cause Searches any other building or
property Without a Search warrant, Shall be find under this
little for a first offense; and, for a Subsequent offense, Shall
be fined under this title or imprisoned not more then one year,
or both.

The genuine issue of Material Lack, Defendants was never given any Consent to search the resident or Plaintiel Property, nor was their a warrant to search the resident by the Courts, it was about 3:50 him. Plaintiel was not a threat to him self or the public, Plaintiel was in Side of his resident and pose no danger to anyone. The Defendants Could have easily obtain a warrant to search the resident and Plaintiel but the desendants Choose to Violate Plaintiel Right when they illegally enfor the resident with Guns drawn pointing, at every one, kicking, Punching, Striking and using language that can only indicate hatred and behavior roward plaintiel that was discriminatory. The defendant violated their own outh any duties to violate the Plaintiel Constitutional rights.

under the Section 1983 Statute the desendants are liable to the Plainties for damages caused by their Actions the defendants are not immune from any damages.

IMMUNITY AND SECTION 1983
None of the Reconstruction Civil rights acts expressly extends
to governmental officials the immunity from liability for
damages Conferred by the Common law- a Point of
Potentially greatest Significance in Section 1983 Actions.
By it's literal Terms, Section 1983 Commands that every
Person. Shall be liable to the Party INJured," and the
Color of law provise leaves no guestion but that the
Statute is directed to the acts of State and local officials.
Megargee V. Wittman, 550 F. Suff-2d 1190

Desendants deprives Plaintiff of his Constitutional and Federal Statutory rights when They Abused They Authority against Plaintiff by Assaulting and refusing to Provide Medical Aid To Plaintiff. The Physical InJuries to Plaintiff was couse by Desendants Actions under Color of law

Defendants under the Color of Law have used their official Capacity to fraudently file fate documents and Pafers to Authorize their Conduct when they seizured the Persons, Property and rights of All residents on June 10th 2017, at or about 3:30 Am at 100 Rockmart Ave, Elment Ny, 110e3

Desendants together have conspired to cover-up nealigence and assaultive acts, conduct and behavior that has caused serious have se plainties and the family of the home were plainties sesided on June to, 2017 by mental and Physical harm and Bodily inJuries. Exhibit - D

1983 (Title 42 USC) Civil action for Deprivation of Rights: Every Person Who under Color of any Statute, ordinance, regulation Custom, or usage of any State. Subsected of Causes To, To be Subsected, any Citizen or any other Person Within The Subsected, any Citizen or any other Person Within The Jurischiction Thereof to the defrivation of any light, Privilege, or immunities Secured by the Constitution and law, Shall be liable to the Party indused in an action at law, Suit in equity or other Proper proceeding for redress,...

241 (Title 18 USC) Conspiracy against Rights: if two of more
Person Conspire to injure, oppress, threaten, or intimidate any
Person in any State, ... or District in the free exercise, or
enjoyment of any light, or privilege Secured to him by the
Constitution, or law of the united State or because of his
having So exercised the Same; they Shall be line... or imprisoned...
or both;

Civil Aspect 20 N. Y. Jur. 20. Conspiracy-Civil Aspect, Section 18

Flandalent use of legal Proceeding: Parties who Conspires and act To
use legal Proceeding francolently And the To injust another are
liable for damages Substained by the Person injused. There is not
requirement that the meansure of clamages be Stated in the
Complain So long as the facts are allege from clamages... (A.S. Rampell,
Inc. v. Hister, Co., 3 Ny 20. 369, 166 Ny S 20. 476, 144 Ne 20.371 (1975);
Werblud V Mc Hadrin Diry Cerp.); Kaflan V Ginsburg, Inc.).

They may and Shall be assessed against individuals, Person, governmental bodies, Corporate entities or any convinction of the Same, acting in Concern and or individual, sointly and severally, without their jurisdiction and venue and for authority in the instant action without recourse to Claim immunities of any form, and by their consent and admission deemed resulting from their perpetrating these acts, and do not Preclude other remedies under State Law,

Statutes Rules or Common Lan.

Crime is Contagious; if the Government become a law breaker it breeds contes anarchy. In government of law, existence of the government will imperilled if it fail to observe the law Scrusposly. To declare that in the administration of the Criminal law the end Justified the means. Would bring terrible restribution, against that pernicuos doctrine this court should resolutedly set it's face on it sworn to do under OATH.

The Defendants are Law breakers and must not be entitled to Summary Judgment or dismissal in their favor as a matter of law.

CONCLUSION

For the reasons articulated above, the Plaintiet respectfully Submit that the desendants not be granted Summary Judgment of dismissed in their lavor, because there is a genuine issue of Material fact, and the Court must rule in Plaintiet as a Matter of law.

Dated: Batavia, NEW YORK April 1, 2022

MARBIN RODRIGUEZ. A-212-948-199

16: THOMAS A. ADAMS Acting Nassau County Attorney one west Street Buffalo Federal Detention Facility Bafavia, New York 14020 Plantiff Pro Se

Liora M. Ben-Sorek Deputy County Attorney

Minecla, New York 11501

STATEMENT OF MATERIAL FACTS THAT ARE IN DISPUTE.

- 1) Plainties Make this Statement as to the genune Majerial of that are in Dispute.
- 21 Desendants enter The resident without a Search warrant.
- 3) Plaintiff did not consent to defendants unlawfull enter into his of to search his Room.
- 4) Plaintiff was Assaulted by defendants.
- 5) Deservicins used Fabsicated information to Search the house at 100 Rockmost Ave. Elimenti Ny on June 10, 2017.
- 6) Desendants, used Faise information to Search Plaintiff
 Room.
- 2) Desendents used their essicial and individual capacity to cover up Police Miscenduct and Violate Plaintiff Bights under the State and Federal Constitution.
- 8) DESCRIBANTS Manufactured a Nassau County Police
 Department document knowning the Content of Said
 document was not true used the closument to Violate
 Plaintiff Constitutional Rights under Federal and State
 Protections
- 9) The Defendants under The Color of LAW have used Their official CAPACITY To fraudantly file Faise documents and Papers to Authorize Their Conduct When They Selizured The

- Persons, Property and rights of All residents on June 10, 2017, at or about 3:30 Am at 100 Rockmart Ave, Elmonti N.y. 1/003.
- 10) The Defendants fail to Report The Physical damage and Property damages caused by Their illegal Search and Seizeure of Pleuntiff Property and others residing at too Rockmart Avenue, Elment, Ny.
- 11) The Defendants, tagether have conspired to cover-up nealigence and assaultive acts, conduct and behavior that has caused serious harm to plaintiff and the family of the home were he resided on June 10, 2017 by mental and physical harm and Badily installes.
- 12) The Defendants, disregarded Their official obligations when they failed to make available medical treatment.
- 13) The County of NasSau have allowed Their Police Defortment at the 5th Precinct to utilize unwritten Policies and Regulations that TARGET immigrants without documentations to be falsely account of Crimes without Probable of Reasonable Couse.
- (a) Plaintiff was insured while at the Nassau County Correctional Facility.
 - I. am willing to Testisy in Person in any Administrative or Tudicial Proceedings regarding the Consents of this deciunent.

Molbin Rodriguez A# 212-948-199

Table of Authorities Dennis V. DeJonne, 867 F. Supp. 2d 588 Nicholson V. Williams, 203 F. Supp. 2d 153 united States V. Corceran, 40 M.J. 4178 Spell V. McDaniel, 824 F. 20 1380 Floyd V. City of New York, 959 F. Supp. 2d 540 McFadyen V. Duke uniV., 786 F. Supp. 2d 887 Dahlia V. Rodriguez, 735 F.3d 1060 Harms V. oneida Police Dep4 and Interin Police Chief, 2009 oneida APP LEXS 12 Pennsylvania V. Porter, 659 F. 2d 306 Linthicum V. Johnson, 2006 U.S. Dist. LEXIS 33896 Monroe V. Pape, 365 a.S. 167 Kinney V. Weaver, 367 F. 3d 337 Vanguard Justice Soc. V. Hughes, 471 F. Supp. 670 Georgia V. Randelph, 547 K.S. 103 Anderer V. Jones, 386 F.3d 1043 united States V. Copte's-Caban, 691 F.3d 1 GONZAICS V. CHY of Castle Rock, 366 F.3d 1093 SMith V. Seven Points, 605 F. Suff. 458 Monell v. Dep't of Sec. Servs, 436 ic. 5. 658 Norton V. Schmitz, 2011 U.S. Dist. LEXIS 57950 Hidalgo V. Egg Harbor Twf. Bd. of Educ., 2018 u.S. Dist LEXIS 138717 Fisher V. City of San Jose, 509 F. 3d 952 Schneckloth V. Bustamonte, 412 11.5.218 united States v. Cota-Lopez, 358 F. Supp. 20 579 united States V. Boutrite, 2016 U.S. Dist. LEXIS 20786 united States v. Sanchez, 635 F.2d 47 united States v. Levetan, 729 F. Supp. 891 Dakhlallah V. Zima 42 F. Sigp. 3d 901 united States V. Montes-Reyes, 547 F. Supp. 2d 281 united State V. Romero, 743 F. Suff. 20 1281

united States V. Talkington, 843 F. 2d 1041 united States V. Flores, 1991 u.S. Dist. LEXIS 12141 Reid V. Pautler, 36 F. Supp. 3d 1067 United States V. RESTREPO, 890 F. Supp. 180 united States V. Barnes, 807 F. Supp. 201154 united States v. Torres-Castro, 374 F. Supp. 2d 994 R1220 V. Goode, 423 U.S. 362 Allee V. Medrane, 416 U.S. 802 Bell V. Milwauker, 746 F.20 1206 Newfor V. Rumery, 480 U.S. 386 Mahone V. Waddle, 564 F.2d 1018 Gentile V. County of Suffolk, 129 F. R.D. 435 Johnson V. Balt. Police Dept, 452 F. Supp 301 283 Watkins V. Heary, 429 F. Supp. 3d 420 Council of organizations on Philadelphia Police Accountability and Responsibility V. R1220, 357 F. Supp. 1289 Glass V. City of Philadelphia, 455 F. Supp. 2d 3°2

CERTIFICATE OF SERVICE

Case Name: Marbin Rodriguez

I, Marbin Rodriguez, HEREBY CERTIFY That on April 1, 2022, I Caused to be Served The:

by Placing a true copy thereof enclosed in a Sealed envelope, with Postage fully Prepaid and depositing the Same with united States Postal Service Priority Mail to the Person at the address Set forth below.

ADDRESS OF THE PERSON BEING SERVED

THOMAS A. ADAMS

Acting Nassau County Attorney

one west Street

Mineola, New York 11501

Attorney for Desendents

Liora M. Ben-Sorek

Deputy County Attorney

1. Marbin Rodriguez, declare under Penalty of Persiury That The foregoing is true and correct. Executed on April 1, 2022

Marbin Rodriguez

Exhibit-A

PHYSICIAN'S	ORDER# [63]		(D) (ADMISSION	CHEMDY	
ORDER FORM	FACILITY as				1 OF 1	ow, NY 11554, (516)	572-3903
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rodriguez, ma	ırbin	SAT	SAT	SAT M	1 04/16/19	79 170041	53			MEM	BERS, HA	ANI

PHYSICIAN'S ORDER FORM	ORDER# 89389 EFF.DATE 03/2 FACILITY Nassau	19 02:37PM	TYPE INTERIMANDE 1 OF 1		CHEMRX 2-3903
Resident Name rodriguez, marbin	THE COURSE SHOW IN THE PERSON NAMED IN THE PER	m Bed Sex DOB T SAT M 04/16/197	Med Rec # Medicalia		cian Name IBERS, HANI
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Resident Name	Station Room	n Bed Sex	DOB M	ed Rec# /	Medicaid	Medicare	Physician	Name 🖖	The state of
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PHYSICIAN'S ORDER# 99272-143592 TYPE INTERIOR 1 OF 1	CHEMRY
ORDER FORM FACILITY Nassau University Medical Center, 100 Carman Avenue, East Meadow, NY 11554, (516) 5	572-3903 LONGTERM CARE PHARMACY
Resident Name Station Room Bed Sex DOB Med Rec# Medicaid Medicare Phy	sician Name
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rodriguez, marbin SAT SAT SAT M 04/16/1979 17004153	MEMBERS, HANI

PHYSICIAN'S ORDER FORM FACILITY	05/2 19 08:26PM	PAGE 1 OF 1 7, 100 Carman Avenue, East Meadow, NY 11	554, (516) 572-3903 CHEMRX
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NASSAU HEALTH CARE CORPO! ON NASSAU COUNTY CORRECTIONAL CENTER Correctional Health Services	Ł	·.
	PATIENTS NAME	
PROGRESS NOTE	ICN/NCC NUMBER	LOCATION
	DATE OF BIRTH	GENDER
DATE / TIME		

DATE / TIME		
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NUMC 1061 61583446 (11/2/17) 2.2 NASSAU HEALTH CAPP CORPORATION NASSAU COUNTY CORR. ONAL CENTER **Correctional Health Services**

17004153 ICN/NCC NUMBER 416179

LOCATION M

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	DATE OF BIRTH	GENDER
DATE / TIME		
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NASSAU HEALTH CARE CORPUD. JON NASSAU COUNTY CORRECTIONAL CENTER

Correctional Health Services

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PATIENTS NAME	
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NASSAU COUNTY CORRECTIONAL CENTER
Correctional Health Services

PROGRESS NOTE

Rodrigues	Marlin
PATIENTS NAME 1900 4 153	
ICN/NCC NUMBER	LOCATION

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DATE / TIME		
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NASSAU HEALTH CARE CORPOR, .ON NASSAU COUNTY CORRECTIONAL CENTER

Correctional Health Services

PROGRESS NOTE

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	DATE OF BIRTH GENDER	
DATE / TIME		
		
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	Com	ectional Health Tryices	Rodriques Marbin
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MINOU ABSY-JAGHAB, MD

Michael Francis, RPA-C

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NUMC 1061 61583446 (11/2/17) 12

NASSAU HEALTH CARE CORF JRATION
NASSAU COUNTY CORRECTIONA. CENTER
Correctional Health Services

Correctional	Health	Services
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NASSAU COUNTY CORRECTIONAN, CENTER

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Rodnay PATIENTS NAME	Marbon
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		DATE OF BIRTH	ne
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NASSAU COUNTY CORRECTIONAL	ENTER	ı

Correctional Health Services

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	DATE OF BIRTH	GENDER
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Correctional Health Services

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PATIENTS NAME 0

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ICN/NCC NUMBER

LOCATION

	DATE OF BIRTH CENDER
DATE / TIME	GENDER
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	muse full ROM who restriction, mill tendernoss, No oderna
	Pain - 0/10 aurroutta
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	Plu Pan - 91, fr
	7: 400

NUMC 1061 BARCODE PN0625 61583446 (11/2/17) 1.2



Armor Correctional Health Services, Inc. HEALTH ASSESSMENT

CURRENT MEDICATIONS (medical and psychiatric):
DENTAL ASSESSMENT: Describe any significant dental problems or history:
MENTAL HEALTH ASSESSMENT: Have you been haspitalized in a psychiatric unit? Y If yes, where (give dates)
Peasont
Have you received outpatient counseling/treatment for emotional/nervous problems? X Y Where? When?
Past Psychiatric Medications? 47 (Aug)
Do you have any current emotional problems? Y If yes, describe Education completed Society Were you in special classes? The second se
Does patient appear to have any developmental disabilities? X Y If yes, describe
Have you ever attempted suicide? A Y How many times?
Last time you attempted suicide? 1114 How did you try it?
Are you thinking about suicide now? Y
Are you a violent person? W Y If yes, describe:
Do other people think you are violent? W Y If yes, why?
Do you ever think of hurting yourself or others? W Y Reason: Have you ever been a victim of sexual assault or physical abuse? W Y (If YES. Patient educated on how to access MH)
Have you ever perpetrated sexual assault or physical abuse? W Y (If yes, routing referral to MH, if not already submitted)
Have you exert perpetuate second management of the second
PREVENTIVE HEALTH AND EDUCATION:
Immunizations: Received routine childhood vaccinations? N
Does patient request HIV testing? W Y Syphilis screening accepted? W Y
Is patient at risk for Hepatitis C(born between 1945-1965 or active/past IDU)? WY If yes, does patient request Hep C testing? WHealth education and prevention provided? N
Health entreation such brosenion brosens. 14.7
ANNUAL HEALTH MAINTENANCE: □Not Applicable □Date of incarceration:
ANNUAL HEALTH MAINTENANCE: □Not Applicable □Date of incarceration: Stool-Occult Blood cards given (if ≥50 yrs. old) □Dental annual evaluation indicated
Females: Pap smear Mammogram (if ≥50 years old)
remacy.
ASSESSMENT:
Unremarkable examination/assessment
☐ Chronic health problems:
☐ Acute health problems:
- 이번 발표를 함께 되는 사람이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
TREATMENT PLAN: Provided instructions on accessing health care in the institution.
TO THE STATE OF TH
Complete Tuberculosis Screening (PT-024). Structed in oral hygiene and provided preventive oral education
□ Refer to Medical Clinic □ Routine □ Urgefit
□ Refer to Behavioral Health □ Routine □ Urgent
□ Refer to Dental □ Routine □ Urgent
☐ Refer for HIV testing ☐ Urine dipstick ☐ Blood pressure checks
Follow-up in sick call as needed, routine health maintenance. Other:
Signature/Title: Www RM Health Care Provider Signature/Title: Octo 6/12/17 830
Signature/Title Health Care Provider Signature/Title: Vell 1 1 1000

Armor: PT-028NY

Back

Armor Correctional Health Services, Inc.
HEALTH ASSESSMENT

Date: Q	Time:	1945	Site: NCCC		Dassage		
(Including chronic illnesses such as seizu pressure, heart disease, diabetes, HIV,	res, high bloo	Occupation:	onstruction	Fever, blo night swea	Review of Systems Fever, blood in sputum, prolonged cough or night sweats? N		
at demes		Blive with famil	ents: Live alone officials Thomeless official facility	Blood in stools or black/tarry stools?			
		Significant family	health conditions:	Skin lesion	ns, "spider bites", or infections?		
Hospitalizations/Surgeries significant trauma and brain injuries):	(include		s/Behaviors Casionally	Unintentic	onal weight loss more than 10%?		
At der	ws		6/9/17 PH.	burning, o Lumps or	Experiencing penile discharge, r lesions? N Y lesions on testicles? N Y		
		Current or past in	lud ection/drug use? M Y	itching, les Lumps or	S: Experiencing vaginal discharge, sions, or uringly by the light of Y Asions on byeasts N. Y. Pregrest: POS NEG Date		
Allergies: (MK)) A	— О	Ever received Tx:	No Yes, Details:	Previous C Last Mens	Section N Y trual Period: Date: ormal Pap smear? N Y		
Any current injuries: PHYSICAL EXAMINATION Visual Acuity: (R): 20/20 OBSERVATION)N: T 99 (L): 20	ABNORMAL,	2 BP 20 Hi.5	etion 🔎	PEFR(asthma/COPD) N/J- without correction W ABNORMAL		
General Condition (Mobility,	L L	DESCRIBE:	Skin (color, turger, fre	of rash,	L DESCRIBE:		
Hygiene, Weight, Fitness) Mental Status (orientation, affect)	U		lesions, infestations) Heart (rate, rhythm, ab	sent			
Motor (ambulatory, normal coordination, no tremor)	4		Lungs (alear to auscult		/		
Head/neck (scalp, thyroid, supple neck) Eyes, Ears, Nose (pupils, sclera,			Abdomen (bowel soun palpation, absent masse Genitals (penis/testes of	s)	Last BH 6/1/18Pt		
canals, septum) Oral (mucosa, pharynx)			absent lesions or discha Back (range of motion	irge)			
Dental (no obvious disease)	1		Extremities (pulses, al edema or cyanosis)				
Lymph Nodes (cervical, axillary)			MALES: Prostate (indi- males age 50 and over)		Not indicated ☐ Refused ☐ Refer to HCP		
Breasts (absent lesions or masses)	1		FEMALES: Pelvic/PA (indicated for pelvic pa infection or annually)		□ Not Addictated ☐ Refused □ Refused		
ATTION NAME: ATTION PT-02BNY (REV. 97)014)	bi	NO: 170041	53 4/16/	SEX:	LOCATION:		

HEALTH ASSESSMENT FORM

Prostate exam indicated for males over 50 ☐ Yes ☐ No ☐ Refused

	ALTH CARE CORPORATION INTY CORRECTIONAL CENTER	Roduguez	Mashm				
HEALTH A	Medi'ca Insurance inf	ORMATION					
	Page 2 of 3	04/06/79		Male			
		DATE OF BIRTH		GENDER			
Tobacco Use:	☐ Yes	P4 dailes.					
Alcohol Use:	☐ Yes ☐ No Type of drink: How much: Current/Prior withdrawal symptoms	_ Last Drink: :		Are you i	y/vivitrol		
Street Drug:	program Yes TNo Type: Last Used: Yes Current/Prior withdrawal symptoms:						
If yes Cough – 2 w	, Where:	Fever Night	•	□ Yes ÆNo □ Yes ÆNo tive TB? □	Yes EPNo		
How long yo	ven medication? 'U' Yes 'u' take the medication? dication without interruption? 'I' Yes	*	·				
-	with anyone or had close contacts wi		B?	□ Yes 🗫			
-	_						
Lot #	3/6433	Exp. Date: 0/20		. ·	·		
	Immunizations:		Yes No	Administer	ed Date		
Pneumococcus	(Over age 50) Type:		NA				
Hepatitis A							
Hepatitis B					_		
Influenza			V _				
BCG							
Varicella							
Have you ever h	ad Chicken pox? ☐ Yes ☐ No (SICKLE CELL, HEMOPHILIA, ANE	Age? MIA ,ETC) □ Yes ☑ No)				
	· · · · · · · · · · · · · · · · · · ·	ALE PATIENTS ONLY		_	<u> </u>		
Have you had a	bnormal vaginal bleeding? ☐ Yes	□ No		/			
•	nt?		ntrol) 🗆 Yes I	□ No WIA	/		
	onth/Day/Year)			1001.	_		
			abnormal PAP?	Tyde TN	n		

明年的特殊 人名英格勒

Last PAP: _

NASSAU HEALTH CARE CORPORATION NASSAU COUNTY CORRECTIONAL CENTER Narbin ouez **HEALTH ASSESSMENT FORM** Page 1 of 3 INSURANCE INFORMATION Time: DATE OF BIRTH GENDER Housing Location# Pregnancy Test Beta Urine HCG **Preferred Language CXR** Hep B Offered Accept **Decline VDRL** R Arm L Arm **HIV Counseling Offered: Accept Decline** PPD R Arm L Arm Gonorrhea/ Chlamydia (Male UA) GenPro (Female) NKDA Allergies: Height: 514 Weight: 1541/bs 125 **ADMISSION VITAL SIGNS** B/P Peak Flow (Asthmatic Pt Only) . RBG (Diabetic Pt Only) Pulse Oximeter (Asthmatic Pt Only) Done By RN/LPN General Questions/Observations No Yes Comments Do you have any medical problems at this time? Chronic Are you under the care of a: a. Physician (If yes, Specific in comments) □ unknown buen micarcena Psychiatrist (If yes, Specific in comments) ☐ unknown Dentist (If yes, Specific in comments) ☐ unknown Any Hospitalization/Surgeries within past 6 months Have you ever been incarcerated in the past 5 years? MEASTERA PAST MEDICAL HISTORY (If Yes please write onset on the comments section) □ Diabetes ☐ HIV/AIDS ☐ Endocrine Disorder ☐ Seizure denos ☐ Hypertension ☐ Hepatitis A B □ Neuromuscular <u>Di</u>sease ☐ Stroke dents ☐ Heart Disease □ Tuberculosis ☐ Arthritis denies ☐ STD □ Asthma ☐ GI Disease ☐ Glaucoma denia ☐ Oher:

Do you have a pharmacy that	at you use? ☐ Ye	es Quo Af	NCC		
If yes; Which Pharmacy:			_Town:		
Medication	on	Dose	Frequency	Last Taken	Purpose
Tyleno		650mg	BID/PEN	01/27/18	Left leg pani
Flexes	7	10 mg	BID	01/27/18	heft less pain
Naprosy	0	soong	BID	6/128/19	pettleg pan
, 0		0		/ / /	11
Glasses/Contacts	Der	ntures	Hearing Aid		Prosthetic
☐ Yes, With Pt	None	☐ Lower Partial	□Yes	PNO	

☐ with Patient

☐ Yes, at home

☐ Legally Blind

61584314 (3/13/18) 1.3

DINO

☐ Upper Full

☐ Lower Full

☐ Upper Partial

11000

E No.

☐ Deaf

☐ Yes (Specify)

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PATIENTS NAME

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Correctional Health Services

NASSAU COUNTY CORRECTIONAL C ENTER NASSAU HEALTH CARE CORPO! NC

NASSAU HEALTH CAPS CORPORATION NASSAU COUNTY CORP. ONAL CENTER

Correctional Health Services

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Rodrigusz, Hacker	
PATIENTS NAME 17004153	
ICN/NCC NUMBER	LOCATION

H6/79

DATE OF BIRTH

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GENDER

DATE / TIME	
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1840	police officer. it shifes, a any gove for EMG.
	0: News: AUX3, MAI)
	Ext: (2) thigh TIP 5 any edem 4. on existence.
	A: (2) Migh Pain
	P. Chant reviewed. (2) Jenus X-ray WNK: ZMG ordered by
	Dr. Shey on 4/5/18. Will 194 T Mr. Delicer regarding Et
	lestence pair managanier.
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EMAN STNETTAG

Correctional Health Services

NASSAU HEALTH CARE CORPORT ION NASSAU COUNTY CORRECTIONAL CENTER

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Correctional Health Services

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NASSAU HEALTH CARE CORPOR. NC.

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7/16/19	PODIATM					
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Correctional Health Services

NASSAU HEALTH CARE CORP JRATION NASSAU COUNTY CORRECTIONAL CENTER

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NASSAU COUNTY CORRECTIONAL CENTER
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NASSAU COUNTY CORRECTIONAL ∪ENTER

Correctional Health Services

NASSAU HEALTH CARE CORPC

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Correctional Health Services

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RONTINO , M VARBI	r W
PATIENTS NAME	
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ICN/NCC NUMBER	LOCATION
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6)26/19	Sich nail pt reguesty renowal mobile + Napra	syn for
7:36pm	both back + three pain. It dones recent for	all or injury
	AX3, NAO	
	muse- ful ROM w/o restriction, mill tenderno	ss, no edema
	Jam - 0/10 auronton	
	DX-Coerectived gain (Joint pain)	
	TX- Romain & Noproxen Par	
	Plu Pan _ g, fr _	

NUMC 1061 BARCODE PN0625 61583446 (11/2/17) 1.2



HEALTH ASSESSMENT CURRENT MEDICATIONS (medical and psychiatric):	
DENTAL ASSESSMENT: Describe any significant dental problems or history: Always	grijoni RC
MENTAL HEALTH ASSESSMENT: Have you been hospitalized in a psychiatric unit? Y If yes, where (give dates)	. B.B.
Have you received outpatient counseling/treatment for emotional/nervous problems? X Y Where? When? Past Psychiatric Medications? Y Y VIEW Describes A	
Do you have any current emotional problems? Y If yes, describe Education completed State Were you in special classes? Y If yes, describe Does patient appear to have any developmental disabilities? Y If yes, describe Have you ever attempted suicide? Y How many times?	
Tastitime you attempted suicide? How did yourtry it? Are you thinking about suicide now? Y Are you a violent person? Y If yes, describe: Do other people think you are violent? Y If yes, why?)
Do other people think you are violent? Y If yes, why? Do you ever think of hurting yourself or others? Y Reason: Have you ever been a victim of sexual assault or physical abuse? Y (If YES,Patient educated on he have you ever perpetrated sexual assault or physical abuse? Y (If yes, routine, referral to MH, if not all	ow to access MH) eady submitted)
PREVENTIVE HEALTH AND EDUCATION: Immunizations: Received routine childhood vaccinations? N Uncertain Does patient request HIV lesting? Y Syphilis screening accepted? Y Is patient at risk for Hepatitis C (born between 1945-1965 or active/past IDU)? Y If yes, does patient request I Health education and prevention provided? N	
ANNUAL HEALTH MAINTENANCE: ☐Not Applicable ☐Date of incarceration:	
ASSESSMENT: Unremarkable examination/assessment Chronic health problems:	Pier confiden
TREATMENT PLAN: Reviewed Intake Screening (PT-051). Provided instructions on accessing health care in complete Tuberculosis Screening (PT-024). Instructed in oral hygiene and provided preventing the provided preventing in the provided preventing (PT-024).	the institution.
□ Refer to Medical Clinic □ Routine □ Urgent □ Refer to Behavioral Health □ Routine □ Urgent □ Refer to Dental □ Routine □ Urgent □ Refer to Dental □ Urgent □ Refer for HIV testing □ Urine dipstick □ Blood pressure checks	niz et yak Yoqibodan Yakizi us
Follow-up in sick call as needed, routine health maintenance, DOther: Signature/Title: Health, Care Provider Signature/Title: Oct 61	2/11 830

Back

Armor Correctional Health Services, Inc.

Armor Correctional Health Services, Inc.

, HEALTH ASSESSMENT					
Date: 6 11 12 Time:	1945	Site: MCC	* · · · · · · · · · · · · · · · · · · ·		
Significant Past Medical History (Including chiquic illnesses such as seizures, high blood, pressure, heart disease, diabetes, HIV, asthma, etc.)	A CONTRACTOR OF THE PROPERTY O	Social History Occupation: COUNTS Liebon		Review of Systems Fever, blood in sputum, prolonged cough or night sweats?	
Of divis	Live with family	Living Arrangements: DLive alone Live with family friends DHomeless Transfer from correctional facility		Blood in stools or black/tarry stools?	
	Significant family health conditions: H. Oliving: Habits/Behaviors		Skin lesions, "spider bites", or infections? Y Unintentional weight loss more than 10%?		
Hospitalizations/Surgeries (include significant trauma and brain injuries):	Alcohol: UCC	asionally	Y		
A Laws.	Tobacca: fuz Drug Use:	asconally Me u a UNIX PH:	MALES: Experiencing pealle discharge, burning, or lesions? N Y Lumps or lesions on testicles? N Y		
	Wa	ction/drug use?	itching (l Lumps o	EMALES: Experiencing vaginal discharge, hing, lesions, or urinary burning? IN Y unips or lesions on breasts / N Y	
Allergies: ALK DA	Ever received Tx: No Pre		Previous Last Mer	Its of Freg lest: POS NEG Date out C Section IN Y Menstrual Period Date: fabnormal Papsmear? N Y	
Any current injuries: 4 OU PHYSICAL EXAMINATION: 1-48	MIS ME) F 78 R. 16	BP 20 HC	2 wi	3UUS PEFR(asthma/COPD). N/J	
	BNORWAL, DESCRIBE;	OBSERVATION	V. Fr	W ABNORMAL DESCRIBE:	
Hygiene: Weight, Fifness) MentaliStatus (orientation)		Skin (color, turgor, free lesions, infestations)			
affect) Motor (ambulatory, normal		Heart (rate, rhythin, abs murmurs) Lungs (clear to ausculta			
coordination, no tremor) Head/neck (scalp, thyroid,	ffy.	Abdomen (bowel sound		Z S FOW A SE SO	
supplemeck) Eyes, Ears, Nose (pupils, sclera,		palpation absent masses Genitals (penis/testes or)	1 WI PAT EJULIAN	
(canals), septum) Orali (mucosa, pharynx)	and the second s	absent lesions or dischar Back (range of motion,	ge)		
Déntal:(no obvious disease)		Extremities (pulses, absedema or cyanosis)			
Lymph Nodes (cervical, axillary)		MALES: Prostate (indic males age 50 and over)		☑Not indicated ☐Refused ☐	
Breasts (absent lesions or masses)	FEMALES: Pelvic/PAP (indicated for pelvic pain of infection or annually)			□ Not findicated ☐ Refused □ Refused □	
PATIENT NAME: NOCHEMBE HOUSE	io: . LYDD YIS	53 W/16h	SEX:	LOCATION:	

NASSAU HEALTH CARE CORPORATION NASSAU COUNTY CORRECTIONAL CENTER HEALTH ASSESSMENT FORM <u>Medical</u>c Page 1 of 3 Time: DATE OF BIRTH Housing Location# Pregnancy Test Beta Urine HCG **Preferred Language CXR** Hep B Offered Accept **Decline** VDRL RArm LArm **HIV Counseling Offered: Accept Decline PPD** R Arm) L Arm Gonorrhea/ Chlamydia (Male UA) GenPro (Female) Weight:_/54///s . NKDAI Allergies: 125 **ADMISSION VITAL SIGNS** B/P Peak Flow (Asthmatic Pt Only) Pulse Oximeter (Asthmatic Pt Only) RBG (Diabetic Pt Only) Done By RN/LPN General Questions/Observations No Yes Comments Do you have any medical problems at this time? Chromic Are you under the care of a: has been micarcena Physician (If yes, Specific in comments) ☐ unknown Psychiatrist (If yes, Specific in comments) ☐ unknown Dentist (If yes, Specific in comments) ☐ unknown Any Hospitalization/Surgeries within past 6 months Have you ever been incarcerated in the past 5 years? MCARCENA PAST MEDICAL <u>HI</u>STORY (If Yes please write onset on the comments section) ☐ Diabetes ☐ HIV/AIDS ☐ Endocrine Disorder ☐ Seizure denos ☐ Hypertension ☐ Hepatitis A B C ☐ Neuromuscular Disease ☐ Stroke dents ☐ Heart Disease □ Tuberculosis denies □ Arthritis □ STD ☐ Asthma ☐ GI Disease ☐ Glaucoma ☐ Oher: NCC Do you have a pharmacy that you use? ☐ Yes ☐ Yes If yes; Which Pharmacy: Town: Medication Dose Frequency Last Taken **Purpose** 650ma Dan Glasses/Contacts **Dentures Hearing Aid Prosthetic** ₽ None ☐ Yes, With Pt ☐ Lower Partial ☐ Yes **1100** ☐ Yes, at home □ Upper Full ☐ with Patient ENO. ☐ Yes (Specify) **□1**100 □ Upper Partial □ Deaf ☐ Lower Full □ Legally Blind

NASSAU HEALTH CARE CORPORATION NASSAU COUNTY CORRECTIONAL CENTER

HEALTH ASSESSMENT FORM Page 2 of 3

Roduiguez Ni	anbrin
PATIENT NAME	
17004163	Medicald
ICN/NCG NUMBER	INSURANCE INFORMATION
04/06/79	Male

	Page 2 of 3	04/06/79		Male	
		DATE OF BIRTH		GENDER	
Tobacco Use:	☐ Yes ☑ No Packs per day: _	P-1 denies.			
Alcohol Use:	☐ Yes ☑ No Type of drink: How much: Current/Prior withdrawal symptoms	Last Drink: ::		Are you interested in re-entry/vivitrol	
Street Drug:	☐ Yes ☐ No Type: Power much: Current/Prior withdrawal symptoms	Last Used:		program? Yes □ No	
· ·		s			
Cough – 2 v Hemoptysis Weight Loss	(coughing up blood)	s PNo Fever	Sweats	☐ Yes ☐ No ☐ Yes ☐ No ctive TB? ☐ Yes ☐ No	
How long yo	ven medication?	s 🗆 No			
DDD implement	with anyone or had close contacts will LArm PRArm	_	В?	□ Yes 120No	
	Immunizations:	·	Yes No	Administered Date	
Pneumococcus	(Over age 50) Type:		NA		
Hepatitis A			'		
Hepatitis B		· · · · · · · · · · · · · · · · · · ·			
Influenza					
BCG					
Varicella					
Have you ever had Chicken pox? ☐ Yes ☐ No Age? Blood Disorder (SICKLE CELL, HEMOPHILIA, ANEMIA ,ETC) ☐ Yes ☑ No					
	FEN	IALE PATIENTS ONLY		and the second s	
Have you had abnormal vaginal bleeding? ☐ Yes ☐ No					
Are you pregnant? ☐ Yes ☐ No Counseling and Education given (birth control) ☐ Yes ☐ No /					
Date of LMP(Me	onth/Day/Year)	Gravida	Para:		
		Any history of	abnormal PAP?		
Prostate exam i	ndicated for males over 50 ☐ Yes	□ No □ Refused 入	A.		

MAIN IN ENSITY SCALES

		F-1	INITIALS
ng (massaging affected area) ding onto bed/chair, caregiver, or ring movement)	rmittent shifting of position, rocking d motions, inability to keep still)	TOTAL SCORE vior was not observed, even briefly	SIGNATURE
racing, Rubbi slutching or hol	estlessness constant or inte	RUCTIONS: RE "0" if behar RE "1" if behar	INITIALS
10.10 19.0 pg	D2. B	INST SCO SCO SCO	POST PAIN INITIALS
			RESULT
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al sounds) demonstra gasps, sigh	ng words. e movement top" or "that	s, tightened distorted ex	TIME
(non verb ssion of pair unts, cries,	of pain usii sing during itest, e.g. "s	and Winces arrowed eye thed teeth,	INJ. INITIALS TIME
i Complaints verbal expres	I Complaints al expression at hurts." cur	al Grimaces owed brow, ne ped jaw, clend	ING.
A Voca	Yoca B. (verb or "th excla	C. (furno drop)	
31	10 VERY SEVERE HORRIBLE PAIN Worst pain you	could imagine	HEASON
3.0	7 8 9 SEVERE PAIN Times when pain is horrible or	excruciating/worst possible pain. Pain of this type usually interferes with daily routine, socializing or sleep	MOLLA
(%)	4 5 6 MODERATE PAIN Resident experiences a	"medium" amount of pain	NOTACICAN
(%)	123 MILD PAIN hough the residen: periences some (a	pain, he or she is ally able to carry out heir daily routine, ocializing or sleep	PAIN
\leq		usue th th so	THAT
(P)	0 NO PAI		DATE
		COO COO	123 MILD PAIN MODERATE PAIN Although the resident Resident choices some (a medium" amount socializing or sleep socializing or sleep complete the resident socializing or sleep complete the resident socializing or sleep complete complete the resident socializing or sleep complete complete complete the resident socializing or sleep complete compl

INITIALS															0	8			Right Lower Abdomen	Abdomen
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SIGNATURE															JOSEPHINE				Right Upper Abdomen	Left Upper Abdomen
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POST PAIN INITIALS																			Right Anterior Thigh	Left Anterior Thigh
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TIME							 				-								Righ	
INITIALS								-		-		***							-	J.
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 DURAGESIC/FENTANYL PATCH ROTATION SITE CODES:

 1
 Right Front Chest Wall
 2
 Left Front Chest Wall
 3
 Right Back Chest Wall
 4
 Left Back Chest Wall

SITE CODES

INJECTION



DATE BEGINNING	10/01/2018 ROOM NO.	SAT SAT SAT	PAT	IENT	NAM		RO	DR	JGU	JE2	Z, N	AA	RB.	N	DC)B:	04	$\frac{16}{16}$	19	79	N	1EI) R	EC	#:	170	041	53			
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RODRIGUEZ, MARBIN DOB: 04/16/1979 MED REC #: 17004153

PAIN INITINOITY SCALES

			1	, <u>.</u>
At Rest				INITIALS
With				
	D1. Brachte. Rubbing. (massaging affected area) (clutching or holding onto bed/chair, caregiver, or affected area during movement)	Bestlessness 02. (constant or intermittent shifting of position, rocking, intermittent hand motions, inability to keep still)	INSTRUCTIONS: SCORE '0' If behavior was not observed SCORE '1" If behavior was observed, even briefly	SIGNATURE
Indicators:	racing, Rubbil lutching or hole fected area du	Restlessness (constant or inte intermittent hand	INSTRUCTIONS: SCORE "O" II behav SCORE "I" II behav	INITIALS
国	D1. B	D2. B	INSTI SCOS SCOS	POST PAIN INITIALS RATING
At Rest				
With		. :		RESULT
	(S) strated by oths)	. e.g. "ouch" nt or hal's enoug	ned lips. expression)	
	arbal sound pain demone	using words ng moveme	ces eyes, tighter h, distorted	INITIALS TIME
	Il Complaints (non verbal sounds) -verbal expression of pain demonstrate ns. groans, grunts, cries, gasps, sighs)	Il Connalains sel expression of pain using words. e.g. nat hurts." cursing during movement or amation of protest, e.g. "stop" or "that's	al Grimaces and Winces owed brow, narrowed eyes ped jaw, clenched teeth, d	INITIALS
Indicators:	Vocal Complaints (non verbal sounds) (non-verbal expression of pain demonstrated by moans, groans, grints, cries, gasps, sights)	Vocal Complaints B. (verbal expression of pain using words. e.g. "ouch" or "that hurs," cursing during movement or exclamation of protest, e.g. "stop" or "that's enough"	Facial Grimaces and Winces C. (furrowed brow, narrowed eyes, Eghtened lips. dropped jaw, clenched teeth, distorted expression)	STE
뒘	A. Voca	Your D. (vert or "ti	C. (furno dropp	
404		10 VERY SEVERE HORRIBLE PAIN Worst pain you	could imagine	REASON
(18		7 8 9 SEVERE PAIN Times when pain is horrible or	excruziating/worst possitio pain. Pain of this type usually interferes with daily routine, socializing	MEDICATION
(18	§))	4 5 6 MODERATE PAIN Resident experiences a	medium amount of pain	MEDIC
	§))	123 MILD PAIN Although the resident experiences some (a	little) pain, he or she is usually able to carry out their daily routine, socializing or sleep	PAIN
— —	§ ∙))	MI Althoug experies	little) pai usually a their c sociali	TIME
(((§))	0 NO PAIN		DATE

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INITIALS		さ	V V	T																					Right Lower Abdomen	Abdomen	M-70L	
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INITIALS		ゴヤ			5	2872										note:									21	Z		[=]
POST PAIN		1)																				Right Anterior Tryigh	Left Anterior Thigh		Left Back Chest Wall
	given	410			,													•.		,				•	X.	L Left		4 Left
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RODRIGUEZ, MARBIN DOB: 04/16/1979 MED REC #: 17004153

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PAIN IN I ENSITY SUALES

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0 NO PAIN	Althou	1 2 3 MILD PAIN	4 5 6 MODERATE PAIN Resident	7 8 9 SEVERE PAIN Times when pain is	10 VERY SEVERE HORRIBLE PAIN	B. (veri	al Complai bal express hat hurts."	nts ion of pain us cursing during	sing words.	e.g. "ouch" t or			D2. (lestlessness constant or intentermittent han	ermittent shifting of position, rocking, d motions, inability to keep still)	
	exper little) p usually their	iences some (a ain, he or she is able to carry out r daily routine, alizing or sleep	experiences a "medium" amount of pain	horrible or excruciating/worst possible pain. Pain of this type usually interferes with daily routine,socializing	Worst pain you could imagine	Fac	ial Grimace rowed brow,	protest, e.g. ' es and Winc , narrowed ey enched teeth	es /es, tightene	ed lips,~			SCC	FRUCTIONS: DRE "0" if beha	TOTAL SCORE	
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INJECTION SITE CODES

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Right Ventral Gluteus

Left Ventral Gluteus

Right Dorsal Gluteus

B Left Dorsal Gluteus

DURAGESIC/FENTANYL PATCH ROTATION SITE CODES:

Right Lateral Thigh

Left Lateral Thigh

G Right Deltoid

H Left Deltoid

Right Front Chest Wall 2 Left Front Chest Wall 3 Right Back Chest Wall 4 Left Back Chest Wall

1

J

Right Upper Arm

Left Upper Arm

K

Right Anterior Thigh

Left Anterior Thigh

M-70L

Right Lower Abdomen

Left Lower Abdomen

М

Right Upper Abdomen

Left Upper Abdomen

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PAGE 1 OF 1 ij, 1 NERVOUSNESS; MENTAL CONFUSION; GI UPSET, VERTIGO; LIGHTHEADEDNESS 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 MEMBERS, HANI PHYSICIAN'S NAME **建筑地区** 国 (1985年) 1985年 | 198 では、 . 10 **對於物物的關鍵的影響。** • RODRIGUEZ, MARBIN DOB: 04/16/1979 MED REC#: 17004153 6 . 1. **通常数** START RODRIGUEZ, MARBIN 有理理的 1 PATIENT NAME & NUMBER 多题的 11.0 至 , J. 液 1 . 7 2 3 4 5 6 DIAG: ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION Z00.0 . . Nurse Initials: PATIENT NAME # ... がある。 **建筑等和张山** 7, SAT SAT SAT HOUR HOUR SAT SAT SAT Dr Phosy ROOM NO. NAPROSYN 500MG TABLET (NAPROXEN) ROOM NO. ONE TABLET BY MOUTH TWICE A DAY O: 10/30/2018 R: 02/12/2019 DATE ADMITTED 08/17/2018 AM AND PM PRN DATE BEGINNING TREATMENT SHEET TREATMENT SHEET DATE BEGINNING ALGS: NKA 02/01/2019 **DAYS: 30**

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INJECTION SITE CODES

DURAGESIC/FENTANYL PATCH ROTATION SITE CODES:

Right Front Chest Wall 2 Left Front Chest Wall 3 Right Back Chest Wall 4 Left Back Chest Wall

M-70L

PAGE 1 OF 1 25|26|27|28|29|30|3 9 |10|11|12|13|14|15|16|17|18|19|20|21|22|23|24|25|26|27|28|29|30|31 MEDEX REVIEW WERTIGO; LIGHTHEADEDNES MEMBERS, HANI PHYSICIAN'S NAME MEDEX REVIEW 7 37. DOB: 04/16/1979 | RODRIGUEZ, MARBIN DOB: 04/16/1975 | AED REC #: 17004153 **西州地域 斯爾爾斯斯斯斯斯斯斯** NERVOUSNESS; MENTAL CONFUSION; GI HPSE THE RESERVE OF THE PERSON NAMED IN START PATIENT NAME & NUMBER ∞ 5 6 DIAG: ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION Z00.0 Nurse Initials: PATIENT NAME 4 1 ri O 世 法经验 等证 SAT SAT SAT HOUR SAT SAT SAT ROOM NO. HACK SUDJENE HIGH NAPROSYN 500MG TABLET (NAPROXEN) ONE TABLET BY MOUTH TWICE A DAY AM AND PM PRN ROOM NO. O: 10/30/2018 R: 02/12/2019 DATE ADMITTED 08/17/2018 DATE BEGINNING P DATE BEGINNING TREATMENT SHEET TREATMENT SHEET **DAYS: 30**

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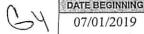
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7 - Medical Center

2 - Dose Omitted

5 - Court

8 - No Show

3 - Medical Hold

6 - Lock Down

9 - Other

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MONTHLY REVIEW



DIAG: ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION Z00.0

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PATIENT NAME RODRIGUEZ, MARBIN DOB: 04/16/1979 MED REC #: 17004153 SAT SAT SAT DATE BEGINNING 03/01/2019 ROOM NO. 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 ROUTINE MEDICATIONS HOUR FLEXERIL 10MG TABLET (CYCLOBENZAPRINE) ONE TABLET BY MOUTH TWICE A DAY AM AND PM PRN NAUSEA; DIZZINESS; DRY MOUTH; BLURRED VISION; DROWSINESS; CONSTIPATION Nurse Initials: START (321) STOP DAYS: 7 Nurse Initials: (1) O: 03/20/2019 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 ROUTINE MEDICATIONS HOUR DATE INITIAL MONTHLY

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DATE BEGINNING 05/01/2019 ROOM NO.			DRIGUEZ, MA	AKBIN DOB:	04/16/19/9 MED	REC #: 1/0041	.55 /
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Exhibit-C

I declare under the penalty of perjury that the foregoing is true and correct.

Dated on $\frac{9/9/2020}{2}$

June 10, 2017

I was sleeping at my house when police came punching the door. Soon after my friend went out to see what was happening. The police was outside and they told him to open the door. When my friend opened the door they took him outside without telling him what was going on. Then they took his whole family outside and after they went looking for me. They open the door to my room and I was sleeping they woke me up and put handcuffs on me. They violently pushed me against a table that was in my room and I received punches on my leg and neck and then they took me outside. I was afraid for my life. As seen everyday on the news "Police Brutality and Excesive Force" is an issue in America. After that they went down to the basement where my (2) friends were sleeping. One of them got cut in his private part to be exact his penis. They rushed him to the hospital and I found out everything that happened a day later. I never heard anything about him and they took me to the Nassau County Jail where the Doctors told me I was okay but I was NOT okay. (8) months later the pain got worst in my leg and it began to hurt a lot the same area where I was punched by Nassau Police. From the day I got arrested and suffered from police abuse of force I had pain the entire time after the punches. The entire (25) months I was in Nassau County Jail I was taking medication (pills) for pain. They kept ignoring my complaints telling me I was okay when I wasn't and that it was just muscle pain from when I got hit.

March 19, 2019

The day that I was going to trial they took me to court in the morning with cuffs on my legs, handcuffs and also a steel chain around my waist. When I was walking down stairs I slipped (6) stairs steps down to the basement/bottom floor. I hurt my back, in my arm, shoulders and also hurt my right ear. After a while they took me to see medical. A day later I couldn't walk and I spent (2) weeks without going to the Hospital. After 2 weeks they let me see medical which he saw me for (1) week and they told me I was okay when I was NOT and I had minor hits and that I didn't have any fractures on my body. After that I was transfer to a cell where I was before the accident 3/19/2019. The Judge then later schedule me for trial again. I could barely walk but I presented myself. The Judge saw my pain and told me that he would give me time (1 month) to recover from the accident.

I return to court after a month and the Judge told me I had to proceed to trial and I told the Judge I could not go to trial because I couldn't stay sitting for too long without severe pain. The Judge offered to give me 10 minute breaks every hour where I would walk around and relax and we could continue with trial and I could also carry my medication which **none** of it was true. Nothing was true! I did not receive my medication and I did not get a 10 minute break that the Judge promised.

I told Judge I was sorry and I could not continue with this trial because of the pain from the hits but the Judge insisted on continuing trial as schedule. I insisted I could not continue trial due to the pain. I told my attorney I was not healthy and I was not feeling well and she told me she would do everything possible so the court could give me a week. I asked for back brace, neck brace and also a leg brace

which the Doctor said he would allowed me to have but he never did. I did not receive any protection to continue my trial. I then sent a grievance regarding the failure to protect me but that didn't do anything. With that said, I want them to take full responsibility for their actions. I had to plea guilty. My life is not the same as before. I have to wake up in the morning and do a routine that a Doctor showed me because I never received any Physical Therapy for my neck, back, leg or shoulders. They never gave me the proper medical attention I deserve after all I went through. I want to make it clear that all the medical care I was promised to received was never given to me.

Marbin Rodriguez A# 212-948-199 Buffalo Federal Detention Facility 4250 Federal Drive Batavia, New York 14020

> Jared A. Kasschau Nassau County Attorney One West Street Mineola, New York 11501

U.S. District Court
Eastern Distrtict of New York (Central Islip)
Civil Docket Case #:2:18-cv-03845-JMA-ARL
Assigned to: Judge Joan M. Azrack
Referred to: Magistrate Judge Arlene R. Lindsay
Cause: 42:1983 Prisoner Civil Rights

JAMES CRYER
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01CR6406465
Qualified in Genesee County
My Commission Expires March 30, 2024

From: Marlon F Galeano

I Marlon F Galeano resident of 100 Rockmart Ave Elmont NY 11003,

On June 10 2017 at 3:45 am I was sleeping and woke up to loud noise and then I decided to look out the window and saw lights and all of a sudden a cop directed a gun to me towards my face and then I went downstairs and opened the door and the police shouted put your hands on your head and go on your knees then they came to me and checked my body and then all of my family came out of the house. Then me and my family stayed outside of the house and then variety of polices went inside of my house with no consent of me letting them check my house. They had no permission from me to check my house. Never did I signed any paper saying that I give the police permission to check inside of my house. I did see police sighing papers but never did they give me papers to signed. They left me and my family outside for 4 ½ hours waiting until they checked the entire house. I did not like how the police treated my house they left scratches on my walls they police also used my bathroom took alcohol and cotton balls and left a mess of alcohol and dirty papers with blood in my sink.

REZA SALAMATIAN Notary Public, State of New York
No. 01SA6114755
Qualified in Nassau County
Commission Expires August 23, 20

this istinday of MARCH 20

EXhibit-D

MASSAS COUNTY CORRECTIONAL CENTER	
. ^~	PATIENT NAME (Nombre)
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NASSAU HEALTH CARE CORPORAT NASSAU COUNTY CORRECTIONAL CENTER	(Non-range (Non-rasyan an)	norbin	······································
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JENNIFER JOSEPH-MONDESIR, RN

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NASSAU HEALTH CARE (***) RPORATION NASSAU COUNTY CORRECT SNAL CENTER

SICK CALL REQUEST

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NASSAU COUNTY CORRECT NAL CENTER

NASSAU HEALTH CARE CORPORATION NASSAU COUNTY CORRECTIONAL CENTER

SICK CALL REQUEST

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NASSAU HEALTH	CARE CC	ORATION
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NASSAU HEALTH CARE (** RPORATION NASSAU COUNTY CORRECT ONAL CENTER

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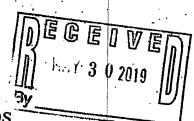
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AUTHORIZATION FOR RECORDS

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Examination of X-Rays	Copy of films and a
Social Security Records	an, MRI
Compensation/Disability Records	Copy of the No-Fault File
	Bills and All Dates of Treatment
	OTHER:
	x/R
State of New York) County of)ss.:	Client Signature
On this 2/25	before me personally came escribed herein and who executed the foregoing me the execution thereof.
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Notary Public

CHRISTOPHER JOHNSON

NOTARY PUBLIC, STATE OF NEW YORK

NO. 01J08372250

QUALIFIED IN SUFFOLK COUNTY

COMMISSION EXPIRES MARCH 19, 20

NASSAU HEALTH CARE CARPORATION NASSAU COUNTY CORRECTIONAL CENTER PHYSICIAN'S ORDER SHEET Markin DRUG ALLERGIES FOOD ALLERGIES **ENVIRONMENTAL ALLERGIES** DATE OF BIRTI GENDER NUMC DO NOT USE SYMBOLS AND ABBREVIATIONS IU, MgSO₄, MS, MSO₄, q.o.d., Qd, q.d., U, trailing Zero (X.0mg), lack of leading zero (.Xmg) DATE ORDERED ORDERS AND SIGNATURE 800 m 149 lease Mu ¿ Mu 11/29/18 EMG. 2001 MODELINE PIERRE, N Ortho consult



Marbin Rodriguez

Meralgia paresthetica

GARLHENRI SANCHEZ, MD

Diagnosis

In most cases, your doctor can make a diagnosis of meralgia paresthetica based on your medical history and a physical exam. He or she might test the sensation of the affected thigh, ask you to describe the pain, and ask you to trace the numb or painful area on your thigh. Additional examination including strength testing and reflex testing might be done to help exclude other causes for the symptoms.

To rule out other conditions, your doctor might recommend:

- Imaging studies. Although no specific changes are evident on X-ray if you have meralgia paresthetica, images of your hip and pelvic area might be helpful to exclude other conditions as a cause of your symptoms.
 - If your doctor suspects a tumor could be causing your pain, he or she might order a CT scan or MRI.
- Electromyography. This test measures the electrical discharges produced in muscles to help evaluate and diagnose muscle and nerve disorders. A thin needle electrode is placed into the muscle to record electrical activity. Results of this test are normal in meralgia paresthetica, but the test might be needed to exclude other disorders when the diagnosis isn't clear.
- **Nerve conduction study.** Patch-style electrodes are placed on your skin to stimulate the nerve with a mild electrical impulse. The electrical impulse helps diagnose damaged nerves. This test might be done primarily to exclude other causes for the symptoms.
- Nerve blockade. Pain relief achieved from anesthetic injection into your thigh where the lateral femoral cutaneous nerve enters into it can confirm that you have meralgia paresthetica.

 Ultrasound imaging might be used to guide the needle.

Treatment

For most people, the symptoms of meralgia paresthetica ease in a few months. Treatment focuses on relieving nerve compression.

Conservative measures

Conservative measures include:

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NASSAU HEALTH CARE CORPORATION NASSAU COUNTY CORRECTIONAL CENTER LOCATION **CONSULTATION** GENDER Consulting Service: This Consult was requested by: Reason for Consult: _ **CONSULTANT'S REPORT** Patient assessed on Date: ___Time: __ Signature of Resident Consultant Stamp / I.D.# / Print Date/Time

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Signature of Attending Consultant

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□ Page 1 of _____

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Date/Time

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Correctional Health Services

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Correctional Health Services

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NASSAU HEALTH CARE CORPORATION
NASSAU COUNTY CORRECTIONAL CENTER
Correctional Health Services

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PROGRESS NOTE

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NASSAU HEALTH CARE CORP	ATION
NASSAU COUNTY CORRECTIONAL LE	

INTERNAL CLINIC REFERRAL SERVICES

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NASSAU COUNTY CORRECTIONAL TER	Roof Lenger Min	Vin (
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NASSAU HEALTH CAR NASSAU COUNTY CORRECTIONAL CENTER Marbin **INTERNAL CLINIC REFERRAL SERVICES** GENDER Date: Time: Type of consult-Check appropriate line: ☐ Optometry ☐ Infectious Disease ☐ Medical ☐ Ortho ☐ Podiatry □ Dietary ☐ Dental ☐ Physical Therapy ☐ Case Management ☐ Mental Health ☐ HIV Testing ☐ OBGYN 200ther____ ☐ Urgent (ASAP): Nature of problem: _____ Boutine: Nature of Problem: ____ /XeC/C DI ace she medin Chronic Care Clinic: Check all apply: ☐ Cardiovascular (Hypertension, Hyperlipidemia, Cardiac, etc.) ☐ Endocrine (Diabetes, Thyroid, etc.) ☐ Gastrointestinal Hepatitis, Cirrhosis, etc.) ☐ Immunity (HIV) ☐ Miscellaneous (Glaucoma, Seizure Disorder, etc.) ☐ Oncology (Cancer, Leukemia, etc.) ☐ Pulmonary (Asthma, COPD, etc.) ☐ Renal (Dialysis, Kidney Disease, etc.) ☐ Tuberculosis (+PPD, TB Disease)

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NASSAU HEALTH CARE CORPORATION NASSAU COUNTY CORRECTIONAL CENTER

INTERNAL CLINIC REFERBAL SERVICES

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NASSAU HEALTH CARE CORPORATION NASSAU COUNTY CORRECTIONAL CENTER

INTERNAL CLINIC REFERRAL SERVICES

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New York State Commission of Correction Inmate Grievance Form Form SCOC 7032-1 (11/2015)

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UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK

MARBIN RODRIGUEZ,

WITNESS LIST 18-CV-3845 (JMA) (ARL)

PLAINTIFF,

NARRITIVE STATEMENT
SUPPORTING AFFIDAVIT

-Against-

THE COUNTY OF NASSAU, etal.,

DEFENDANTS.

LINDSAY, MAGISTRATE JUDGE:

STATE OF NEW YORK) SS.:

MARBIN RODRIGUEZ, being duly sworn, deposes and says:

- 1. I am the plaintiff above named in caption and I make this affidavit in support of my instince application.
- 2. Plaintiff was ordered by this Court to submit a revised narritive statement(EXHIBIT 1).
- 3. Plaintiff is currently confined at Barehill Correctional Facility at CALLER BOX 20 181 BRAND ROAD, MALONE, NEW YORK 12953.
- 4. Plaintiff sliped and sell down a stairwell (EXHIBIT 2).
- 5. Dr. Pobre assessed plaintiff on dates of 1/15/19, and said Doctor

IFP,PROSE

U.S. District Court Eastern District of New York (Central Islip) CIVIL DOCKET FOR CASE #: 2:18-cv-03845-JMA-ARL

Rodriguez et al v. The County of Nassau et al

Assigned to: Judge Joan M. Azrack

Referred to: Magistrate Judge Arlene R. Lindsay

Cause: 42:1983 Prisoner Civil Rights

Date Filed: 07/02/2018 Jury Demand: Plaintiff

Nature of Suit: 550 Prisoner: Civil Rights

Jurisdiction: Federal Question

Date Filed	#	Docket Text
05/01/2020		ORDER granting 28 Motion for Extension of Time to File. By July 1, 2020, each defendant shall serve and file a written narrative of the facts which that defendant currently anticipates presenting at trial through the testimony of witnesses or documentary evidence. All discovery, inclusive of expert discovery, shall be completed by completed by July 15, 2020. By July 29, 2020, plaintiff shall submit a revised narrative statement, exhibit list, witness list, and summary of each witnesses testimony. The defendants are directed to submit the customary pretrial order required by then assigned District Judge to the undersigned by August 19, 2020. Any party wishing to join addition parties or to amend the pleadings must make a motion to do so by July 15, 2020. Dispositive motions (not pertaining to discovery), such as motions to dismiss or motions for summary judgment, are to be filed in accordance with the District Judges rules on or before October 7, 2020. A copy of this Order will be sent to Plaintiff by certified mail. Ordered by Magistrate Judge Arlene R. Lindsay on 5/1/2020. (Jacobwitz, Beth) (Entered: 05/01/2020)

NASSAU HEALTH CAP!" CORPORATION NASSAU COUNTY CORF ONAL CENTER

Correctional Health Services

PROGRESS NOTE

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NASSAU HEALTH CARE C 3 PORATION NASSAU COUNTY CORRECTIONAL CENTER

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NASSAU HEALTH CARF	CORPORATION
NASSAU COUNTY CORR.	IONAL CENTER

SICK CALL REQUEST

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NASSAU COUNTY CORRECTIONA CENTER
Correctional Health Set

PROGRESS NOTE

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Michael Francis, RPA-C # 07040

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SICK CALL REQUE.	ICN/NCC NUMBER	DATE OF BITT	TH (Fecha de Nacimient (Dat Nesans)
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G1584322 (2/5/18) 1.1

NASSAU HEALTH CARE CORI ... AATION NASSAU COUNTY CORRECTIONAL CENTER

SICK CALL REQUEST

(Please Print)	•		
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-STATE NOWER	DATE-OF BIR	TH (Fecha de Nacimiento) (Dat Nesans)	
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TRIAGE DECISION BY HEALTHCARE PROVI	DER (Only check	ONE box below ar	d sign)			
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☐ CALL Provider w/ Assessment: Temp	Pulse	Resp	BP	Wt		
Action Taken/Outcome:						
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MODELINE PIERRE, NV		3/2	2/19	2147		
HCP SIGNATURE/PRINT NAME		TRIAGE D		TIME		

TIME

· NASSAU COUNTY CORRECT: PNAL CENTER

NURSE SIGNATURE/PRINT NAME

61584322 (2/5/18) 1.1

- 8. Progress Notes were given by MINOUABSY-JAGHAB, MD13995(EXHIBIT 6).
- 9. Plaintiff was seen by FOLASHADE WILLIAMS, FNP#1790127751(EXHIBIT 7),
- 10. Plaintiff was seen by CARL-HERNI-SANCHEZ(EXHIBIT 8).
- 11. Plaintiff was seen by MODELINE PIERRE, NP 50451(EXHIBIT 9).
- 12.BAIG, ASAD dictates an examination of the plaintiff(EXHIBIT 10).

 that examination was conducted by DR" HENIG, DONNA L on 3/19/19

 (EXHIBIT 10).
- 13. All above names are witness to be called at trial .
- 14.All above named witness are medical staf at NASSAU COUNTY CORRECTIONAL FACILITY and will testifiy to medical treatment after injury.
- 15. All medical staff will testify to medical procedures given to plaintif on all examination dates.
- 16. Correctional Officer Bruno was present on day, time, and place of incident.
- 17. Correctional Officer Castro was present on day, time, and place of incident.
- 18. Correctional Officer Villa was present on day, time and place of incident.
- 19. All above said correctional officers will testify about the day, time, and place of incident of plaintiff.

WHEREFORE THE PLAINTIFF RESPECTFULLY REQUEST THAT THIS APPLICATION IS ACCEPTED IN ALL RESPECT.

SUBMITTED,

SWORN TO BEFORE ME THIS DAY OF, 2020	MARBIN RODIGUEZ PRO SE

NOTORY PUBLIC

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK

PLANTIFF,

WITNESS LIST 18-CV-3845 (JMA) (ARL)

SUPPORTING AFFIDAVIT

-against-

THE COUNTY OF NASSAU, etal., DEFENDANT'S

LINDSAY, MAGISTRATE JUDGE:

STATE OF NEW YORK) SS.:
COUNTY OF FRANKLIN)

MARBIN RODRIGUEZ, being duly sworn, deposes and says:

- 1. I am the plaintiff above named in caption and I make this affidavit in support of my instence appliction.
- 2. On the 19th of November, 2019 the Court ordered the plaintiff to file written narrative of the facts of incident and a list of witness (EXHIBIT 1).
- 3. Plaintiff is currently confined at Barehill Correctional Facility at CALLER BOX 20 181 BRAND ROAD, MALONE, NEW YORK 12953.
- 4. Plaintiff sliped and fell down a stairwell(EXHIBIT 2).
- 5 Plaintiff has assessed on the dates of 1/15/19, by DR. POBRE(EXHIBIT3
- ROMMY TODMAN JOSEPH, NP 66588 seen the pliantiff on 2/9/19 (EXHIBIT 4).
- 7. Prodress notes were given by HANI MEMBERS, PA 65586(EXHIBIT 5).

will testifiy at trial pertaining to these matters of examination of the plaintiff.

6. Correctional Officer Bruno was present on day, time, and place of incident. And will testifiy to all facts of the underline incident that caused injury to plaintiff.

WHEREFORE THE PLAINTIFF RESPECTFULLY REQUEST THAT THIS APP LICATION IS ACCEPTED IN ALL RESPECT.

SUBMITTED,

MARBIN RODIGUEZ PRO SE

19A3046

SWORN TO BEFORE ME THIS
DAY OF 2020

NOTARY PUBLIC

2.

AFFIDAVIT OF SERVICE

STATE OF NEW YORK SS: COUNTY OF FRANKLIN)

00 00 0 00 00 000	
197AKbAN KOPKI GUEZ	being duly sworn; depose and say:
On the $\int_{-\infty}^{\infty} day \ of \frac{\sqrt{200}}{200}$, 20 20, 1 p	laced in the mailbox at Bare Hill
Correctional Facility exact copies	of: Vermeding Affiliant
	The state of the s
to be served upon the faller	
to be served upon the following par	ties:
Clerk of US Mistrict Car	r+ 13/11/1/
100 Fectoral Plaza	
Contral Isto 11/11/12	
Clark of Count	
	Respectfully Submitted,
	de la
	Pro Se
	Galler Box 20, 181 Brand Road Malone, New York 12953
Subscribe and sworn to before me this ! day of	
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georgia i di specifica di sulla di selezioni di Robert di segli di selezioni di segli br>Segli di segli d	::
COMMENDE ME LA COMPANION DE COMP	

The intervertebral disc space heights above C6 are maintained.

There is no prevertebral soft tissue swelling.

The odontoid, as visualized, appears unremarkable.

IMPRESSION:

- *Exam limited for evaluation of C7 and the cervicothoracic junction.
- *No acute fracture or subluxation above C7.

ICD-10 Code: W10.8XXA;M54.2

Dictated By: BAIG, ASAD

Dictation Date/Time: 03/19/2019 13:25:02 Approved By: KRUMENACKER, JOHN Last Updated Time: 03/19/2019 17:06:45

Job Status: FINAL

End of Report Content ======

Interpreter: (11944) Transcriptionist: (784)

Report Date: 93/19/2019 12:12:00

Report Status: Preliminary

Begin of Report Content

Nassau Health Care Corporation NASSAU UNIVERSITY MEDICAL CENTER 2201 Hempstead Turnpike East Meadow, NY 11554 (516) 572-6635 Department of Radiology Preliminary

Patient:RODRIGUEZ,MARBIN 47Y M MRN:17004153J

Loc:JAIL M DOB:04/06/1971

Dr:HENIG, DONNA L. Date of Exam:03/19/2019

Order #: CR15679-19 C SPINE 2 OR 3 VIEWS

The undersigned attending reviewed and agreed with the interpretation.

THIS IS A PRELIMINARY REPORT AND HAS NOT BEEN REVIEWED BY THE

UNDERSIGNING ATTENDING.

EXAMINATION:

CERVICAL SPINE: AP, Lateral, Odontoid, Fuchs

HISTORY:

S/P FALL DOWN STAIRS

COMPARISON/CORRELATION:

Noneavailable

FINDINGS:

C7 is not well visualized on lateral projection.

Examination of the visualized cervical spine demonstrates no acute fracture or subluxation.

The vertebral body heights are grossly preserved.

The posterior margins of the cervical vertebral bodies are grossly aligned. Minimal marginal osteophytosis and endplate sclerotic changes.

The intervertebral disc spaces are maintained.

There is no significant prevertebral soft tissue swelling.

The odontoid, as visualized, appears unremarkable. The lateral masses of C1 and C2 are aligned.

IMPRESSION:

Limited study.

No evidence of acute fracture or subluxation.

ICD-10 Code:

Dictated By: BAIG, ASAD

Dictation Date/Time: 03/19/2019 13:25:02

Job Status: PRELIMINARY

== End of Report Content ==

Other reports for RODRIGUEZ, MARBIN (MRN: 17060088J)

Patient Name: RODRIGUEZ, MARBIN

MRN: 17060088J DOB: 04/06/1971

Sex: M

Patient Accession: CR15679-19 Study Date: 03/19/2019 12:17

Study Description: CSP2 C SPINE 2 OR 3 VIEWS

Interpreter:

(05316)

Transcriptionist: (784)

Report Date:

03/19/2019 12:12:00

Report Status:

Final

Begin of Report Content

Nassau Health Care Corporation NASSAU UNIVERSITY MEDICAL CENTER 2201 Hempstead Turnpike East Meadow, NY 11554 (516) 572-6635 Department of Radiology

Final

Patient:RODRIGUEZ,MARBIN 47Y M MRN:17060088J

Loc:JAIL M DOB:04/06/1971

Dr:HENIG,DONNA L. Date of Exam:03/19/2019 Order #: CR15679-19 C SPINE 2 OR 3 VIEWS

The undersigned attending reviewed and agreed with the interpretation.

EXAMINATION:

CERVICAL SPINE: AP, Lateral, open-mouth

HISTORY:

S/P FALL DOWN STAIRS

COMPARISON/CORRELATION:

Noncavailable

FINDINGS:

C7 is obscured by the shoulders on the lateral projection.

The cervical vertebral body heights above C7 are preserved.

There is straightening of the cervical lordosis but the posterior margins of the cervical vertebral bodies above C7 are aligned.

Page: 1

3/20/10A

R59 m/s). The Left tibial motor and the Right tibial motor nerves showed normal distal onset latency (1.4.2, R5.0 ms), normal amplitude (L10.8, R9.8 mV), and normal conduction velocity (Poplit-Ankle, 1.48, R45 m/s). The Left sural sensory and the Right sural sensory nerves showed normal amplitude (1.29.9, R29.3 μV) and normal conduction velocity (Calf 1-Lat Mall, 1.44, R48 m/s).

Conclusions:

This is essentially a normal electrodiagnostic study. There is no evidence of fibular or peroneal neuropathy, no evidence of lumbar radiculopathy. Bilaterally unobtainable superficial femoral cutaneous nerve response is of limited clinical significance. Cannot rule out meralgia parasthetica.

Thank you for the courtesy of this consult.

Dr. Chehata/Dr. Klein Resident Physician

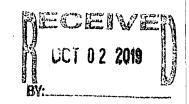
I have performed this test with the resident and agree with the above interpretation and conclusion.

Sincerely,

Thomas Pobre, M.D.

Diplomate American Board of PM&R



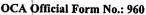


NUMH/ CORRECTIONAL HEALTH SERVICES 100 CARMEN AVE EAST MEADOW, NY 11554

Thank you,

Medical Records Department

PRINTED REQUEST FOR HEALTH INFORMATION PATIENT INFORMATION: DATE OF THIS RESPONSE: In response to your request for medical information the above name patient, we are unable to comply with your request for the following reason(s) Patient authorization must be dated and signed within the last sixty (60) days. Patient authorization must be dated after the date treatment was provided. Signature of a witness is required the authorization is incomplete. Insufficient identifying information. We have no record of this patient. Additional authorization is required to release the requested information. Please complete the enclosed form and resubmit. Please forward your request to (Facility) (Address) Other Should you have questions regarding this matter, please feel free to contact us at: 516-572-3925





AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA [This form has been approved by the New York State Department of Health]

Patient Name Marbin Rodriguez	Date of Birth 4/6/1979	Social Security Number
Patient Address Bare Hill Correctional Fa Caller Box: 20, 181 Brand Road	acility Malone. New York 1	2953

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- 1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- 6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL

CARE WITH ANYONE OTHER THAN THE ATTORNEY OF	R GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).
7. Name and address of health provider or entity to release this info Nassau County Correctional Facility	ermation:
8. Name and address of person(s) or category of person to whom the Marbin Rodriguez - Caller Box: 20,	is information will be sent: Bare Hill Corr. Fac. 181 Brand Road, Malone, New York12953
9(a). Specific information to be released: ☐ Medical Record from (insert date)	to (insert date)
referrals, consults, billing records, insurance records, and r	otes (except psychotherapy notes), test results, radiology studies, films, ecords sent to you by other health care providers.
☐ Other:	Include: (Indicate by Initialing)
Authorization to Discuss Health Information	Alcohol/Drug Treatment MR Mental Health Information HIV-Related Information
(b) D By initialing here I authorize	
Initials to discuss my health information with my attorney, or a gover	Name of individual health care provider mmental agency, listed here:
(Attorney/Firm Name or Gov	ernmental Agency Name)
10. Reason for release of information:★KAt request of individual□ Other:	11. Date or event on which this authorization will expire:
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
All items on this form have been completed and my questions about copy of the form.	this form have been answered. In addition, I have been provided a

Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects in writing reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Signature of patient or representative authorized by law.

Patient: RODRIGUEZ, MARLIN

Test Date: 1/15/2019

Nerve Conduction Studies Motor Summary Table

Site NR Onset Norm O-P Norm Neg Neg Area Site1 Site2 Delta-0 Dist Vel Norm (cm) O-P Dur (mV·ms) (m/s) Vel (ms) Onset Amp (ms) (m/s)(ms) (mV) Amp (ms) Left Peroneal Motor (Ext Dig Brev) 5.94 15.59 Ankle 5.5 27.0 49 >40 >2.5 B Fib Ankle <5.5 5.6 5.94 B Fib 1.7 8.5 50 >40 10.0 5.4 16.49 Poplt B Fib 5.9 6.72 24.43 11.7 Poplt Right Peroneal Motor (Ext Dig Brev) 44 >40 5.3 23.5 20.64 B Fib Ankle <5.5 6.6 >2.5 6.56 Ankle 5.2 B Fib 10.0 59 >40 7.03 20.05 Poplt 1.7 B Fib 10.5 6.2 7.03 20.72 Poplt 12.2 6.4 Left Tibial Motor (Abd Hall Brev) 36.0 48 >40 7.03 Poplit Ankle 7.5 10.8 >3.0 21.45 Ankle 4.2 <6.0 7.50 18.09 11.7 8.2 Poplit Right Tibial Motor (Abd Hall Brev) 45 >40 8.4 37.5 10.00 38.21 Poplit Ankle Ankle 5.0 <6.0 9.8 >3.0

6.25

18.88

Sensory Summary Table

Poplit

13.4

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (μV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Lat F Ant Thigh 1 2	emoral NRU NR NR	Cut Senso	ry (ASIS)		_	Ant Thigh	ASIS		20.0		>40.0
Right Lat Ant Thigh 1 2	Femor		ory (ASIS)			Ant Thigh	ASIS		13.5		>40.0
Left Sural Calf 1	Sensor	y (Lat Mal 3.1	il)	29.9	>10.0	Calf I	Lat Mall	3.1	13.5	44	>36
Right Sura	al Senso	ory (Lat M 3.0	all)	29.3	>10.0	Calf 1	Lat Mall	3.0	14.5	48	>36

H Reflex Studies

NR H-Lat (ms)	L-R H-Lat (ms)	L-R Lat Norm	M-Lat (ms)	HLat-MLat (ms)
Left Tibial (Gastroc 26.04	0.00	1.5	5.15	20.89
Right Tibial (Gastro 26.04	0.00	1.5	5.15	20.89

8.7

EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Fascic	Recrt	Int Pat	Comment
Left	L4 Parasp	Rami	1,4	Nml	0	0							
Left	L5 Parasp	Rami	L5	Nml	0	0							
Right	L4 Parasp	Rami	1.4	Nml	0	0					•		
Right	L5 Parasp	Rami	1.5	Nml	0	0							

Findings:

Evaluation of the Left lateral femoral cutaneous sensory and the Right lateral femoral cutaneous sensory nerves showed no response (Ant Thigh), no response (1), and no response (2). The Left peroneal motor and the Right peroneal motor nerves showed normal distal onset latency (L4.5, R5.2 ms), normal amplitude (L5.6, R6.6 mV), normal conduction velocity (B Fib-Ankle, L49, R44 m/s), and normal conduction velocity (Poplt-B Fib, L50,

NEW YORK STATE COMMISSION OF CORRECTION HEALTH TRANSFER INFORMATION PURSUANT TO SECTION 601 (a) CORRECTION LAW

This form is completed when the health record does not accompan Healthcare providers (if available) place the form in a sealed enve	ly the inmete and in
Healthcare providers (if available) place the form in a scaled envel	long more dead. On Sine sessary to provide continuity of care.
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and the state of t	_116/99 ICA: 11/160000
(Last) (First) (N	(I) DOB NYSID/DIA/Class 8 M
If any conditions lists 11	10131D/DIN/Class & Movemer
If any conditions listed here are present, complete the form and Medical Classification and Movement Analyst at (518) 457-707	d do not transfer patient without contacting NVC DOCC
Medical Classification and Movement Analyst at (518) 457-707 services are timely. Telephone notification must be made for an	2 to ensure medical supply/equipment seems at 5 !!
services are timely. Telephone notification must be made for a	nyone who:
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Has unstable medical condition (i.e. recent soirum assistiate)	r, insulin pump, infusion line, trachea suction y, significant hypo/hyperglycemic events) or transfer will interrupt
ongoing specialty care such as dialysis of chemotherapy	, significant hypo/hyperglycemic events) or transfer will interrupt
Has known exposure to or active illness with Annual to the second s	
measles, mumps, and chickenpox).	e disease (i.e. active TB, active MRSA, acute hepatitis A/B/C,
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Is currently withdrawing or detoxifying from alcohol or de Requires methodoxy/severity	rugs
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Y	Hepatitis B N Y
Scizure Disorder N Y	Transiti G
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Speech Impairment N Y	
Language Barrier \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
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Lab tests (if available) Date Done Results	Tuberculin Testing
RPR/FTA/VDRL	TST: Date Read:
GC/Chlamydia	Parellin Read:
Pap Smear	Result in mm of induration: (B. Alance E.A. C.
Pregnancy	Interpretation of TST (positive or negative)
INR/PT/PTT —	If Blood test for TB, specify test
Chest X-ray	
Hepatitis B	TB Blood Test Date Result
	Latent TB History (Yes/No) / Meds / Dates
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Immunization Dates & Type:	
Hepatitis B	
Hepatitis A	Active TB Treatment (Yes/No) History / Meds
influenza	Dates
retanus (dT/Tdap)	
Other	
Other	
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f HIV +, must also complete additional form for HIV information	the contrast operation available
ADSA on Other Paris and a second	
MRSA or Other Resistant Organism Treatment History:	
110	
Additional Information (e.g. recent hospitalizations, or list any outsta umber for provider)	inding medical appointments, including medical appointments
umber for provider) Prairie Prairie - 1500	mane, address, phone
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NEW YORK STATE COMMISSION OF CORRECTION HEALTH TRANSFER INFORMATION PURSUANT TO SECTION 601 (a) CORRECTION LAW

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ENTAL HEALTH	INFORMATION:		•		•	
Is the inmate curre	ently receiving mental health	services? 🔲 No 🗆	Yes If yes	list diagnose	ie.	
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Axis II:						
Axis III:	hiatric symptoms:		····			· · · · · · · · · · · · · · · · · · ·
	The symptoms.		•			
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If injectable, indica	nte last date given:	No ☐Yes. If yes, lis	t medication	, dose, freque	ncy, and co	mpliance
If injectable, indica	ntly in specialized housing f	or inmates with menta				mpliance.
If injectable, indica	te last date given:	or inmates with menta				mpliance.
If injectable, indica	ntly in specialized housing f	or inmates with menta	al health illne			mpliance.
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3611SCOC (1/09)



Department of Physical Medicine and Rehabilitation Electrodiagnostic Laboratory 2201 Hempstead Turnpike, East Meadow, NY 11554

(516) 572-6522

Test Date: 1/15/2019

Patient: MARLIN RODRIGUEZ DOB: 4/6/1979 Physician: Dr. Pobre Sex: Male Height: **Ref Phys:** Dr. Hening ID#: 1841748H Weight: Technician: Dr. Chehata/Dr. Klein

Patient History:

39 year old male prisoner with no significant past medical history presents for emg/ncv for numbness and pain in his left thigh. The pain has been present for approximately 3 months prior when he was arrested his left thigh slammed against a table and since then he has had numbness and pain in his left thigh. The pain travels from the left thigh to the knee. He denies any back pain, bowel/bladder incontinence, or saddle anesthesia.

Physical Exam:

GEN:AAO x 3, cooperative INSPECTION: grossly normal

ROM: trunk flexion and extension WFL (within functional limits)

LLE:WFL

RLE: WFL

MOTOR:

RLE: hip 5/5, knee 5/5, ankle DF 5/5, PF 5/5, great toe extension 5/5 LLE: hip 5/5, knee 5/5, ankle DF 5/5, PF 5/5, great toe extension 5/5 SENSORY: subjective decreased sensation to light tough along left lateral thigh

DTR's: 2/4 B/L, no clonus

SPECIAL TEST: (-) SLR BLE

MOBILITY: independent in ambulation without AD

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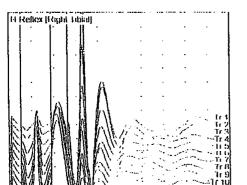
NASSAU HEALTH CARE 🤇	TOPORATION
NASSAU COUNTY CORRECT	CENTER

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ASSESSI	MENT

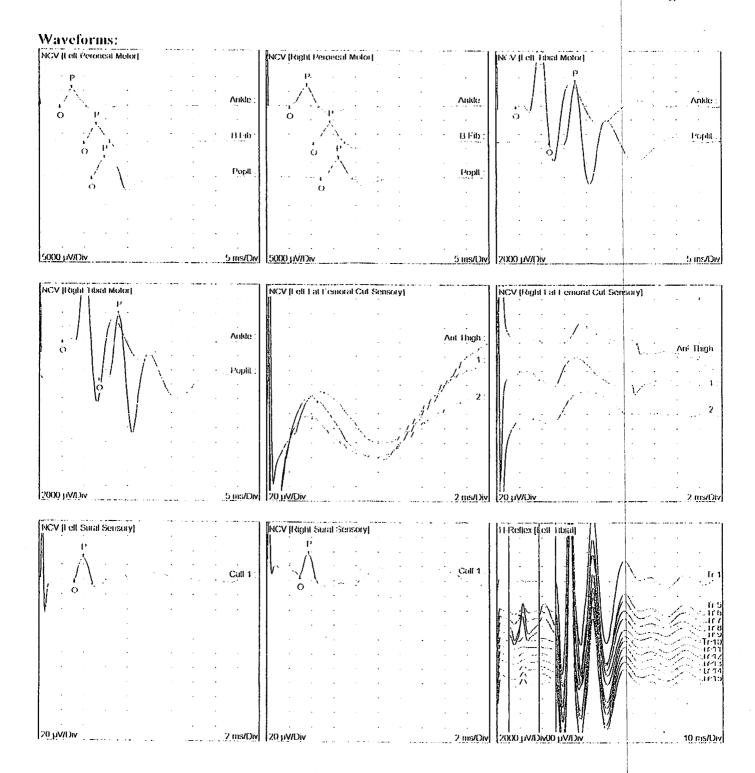
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Patient: RODRIGUEZ, MARLIN



Test Date: 1/15/2019



NASSAU HEALTH CARE COPPORATION NASSAU COUNTY CORRECTION CENTER	I was in was	2
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official report to follow	in sunrise ar may be	requested.
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	Oc. Pabre	
Signature of Allending Consultant	Stamp / I.D.# / Print	Date/Time
☐ REPORT COMPLETED ON THIS PAGE	☐ Page 1 of	·
61584020 (947/17) 1.1		

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Reason for Consult:		
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Mahl	v.Chehaln MD	1/15/19 111
Signature of Resident Consultant	Stamp / I.D.# / Print	Date/Time
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Signature of Attending Consultant	Stamp / I.D.# / Print	Date/Time
☐ REPORT COMPLETED ON THIS PAGE	☐ Page 1 of	!

NASSAU HEALTH CARE CORPORATION NASSAU COUNTY CORRECTIONAL CENTER LOCATION GENDER **Consulting Service:** This Consult was requested by: **CONSULTANT'S REPORT** Patient assessed on Date: Time: 12/24 Hold per D. Henry Signature of Resident Consultant Stamp / I.D.# / Print Date/Time Signature of Attending Consultant Stamp / I.D.# / Print Date/Time ☐ REPORT COMPLETED ON THIS PAGE Page 1 of ____

61584323 (8/1/17) 1.1



Department of Physical Medicine and Rehabilitation Electrodiagnostic Laboratory

2201 Hempstead Turnpike, East Meadow, NY 11554 (516) 572-6522

Test Date: 1/15/2019

4/6/1979 Dr. Pobre MARLIN RODRIGUEZ DOB: Physician: Patient: Dr. Hening Ref Phys: Sex: Male Height: Dr. Chehata/Dr. Klein 1841748H Technician: Weight: ID#:

Patient History:

39 year old male prisoner with no significant past medical history presents for emg/ncv for numbness and pain in his left thigh. The pain has been present for approximately 3 months prior when he was arrested his left thigh slammed against a table and since then he has had numbness and pain in his left thigh. The pain travels from the left thigh to the knee. He denies any back pain, bowel/bladder incontinence, or saddle anesthesia.

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ROM: trunk flexion and extension WFL (within functional limits)

LLE:WFL

RLE: WFL

MOTOR:

RLE: hip 5/5, knee 5/5, ankle DF 5/5, PF 5/5, great toe extension 5/5 LLE: hip 5/5, knee 5/5, ankle DF 5/5, PF 5/5, great toe extension 5/5

SENSORY: subjective decreased sensation to light tough along left lateral thigh

DTR's: 2/4 B/L, no clonus

SPECIAL TEST: (-) SLR BLE

MOBILITY: independent in ambulation without AD

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	☐ Podiatry ☐ Dietary	□ Dental	□ Ph	ysical Therapy
	☐ Case Management ☐ Mental Health	☐ HIV Testing		GYN
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om e	☐ Urgent (ASAP): Nature of problem:			
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	Trays My			
	Chronic Care Clinic: Check all apply:			
	☐ Cardiovascular (Hypertension, Hyperlipidemi	a, Cardiac, etc.)		
	☐ Endocrine (Diabetes, Thyroid, etc.)			
	☐ Gastrointestinal Hepatitis, Cirrhosis, etc.)	•		
	☐ Immunity (HIV)☐ Miscellaneous (Glaucoma, Seizure Disorder,	etc)		
	☐ Oncology (Cancer, Leukemia, etc.)	0.0.7		
	☐ Pulmonary (Asthma, COPD, etc.)			
	☐ Renal (Dialysis, Kidney Disease, etc.)			
	☐ Tuberculosis (+PPD, TB Disease)	•		
	Signature: MANAM	Date:	t/U/19	Time: 11 Am
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61584352 (9/21/17) 1.1

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NASSAU HEALTH CARE CO	ORATION
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SICK CALL REQUEST

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NASSAU HEALTH CARE CORPORATION NASSAU COUNTY CORRECTIONAL CENTER PHYSICIAN'S ORDER SHEET ODRIGUEZ, MAXBIN DRUG ALLERGIES **ENVIRONMENTAL ALLERGIES** NUMC DO NOT USE SYMBOLS AND ABBREVIATIONS IU, MgSO₄, MS, MSO₄, q.o.d., Qd, q.d., U, trailing Zero (X.0mg), lack of leading zero (.Xmg) DATE ORDERED ORDERS AND SIGNATURE INITIALS chart penen done neden HANI MEMBERS, PA

61584340 (9/1/17) 1.1

NASSAU HEALTH CARE CORPORATI NASSAU COUNTY CORRECT! AL CENT	TER Kachinez Marking
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NURSE SIGNATURE/PRINT NAME

Patient Name: RODRIGUEZ, MARBIN

MRN: 17060088J DOB: 04/06/1971

Sex: M

Patient Accession: CR15678-19 Study Date: 03/19/2019 12:30

Study Description: LSPIN2 LUMBOSACRAL SPINE 2 OR 3 VIEWS

Interpreter:

(05316)

Transcriptionist: (784)

03/19/2019 12:12:00

Report Date: Report Status:

Final

= Begin of Report Content =

Nassau Health Care Corporation NASSAU UNIVERSITY MEDICAL CENTER 2201 Hempstead Turnpike East Meadow, NY 11554 (516) 572-6635 Department of Radiology

Final

Patient:RODRIGUEZ,MARBIN 47Y M MRN:17060088J

Loc:JAIL M DOB:04/06/1971

Dr:HENIG, DONNA L. Date of Exam:03/19/2019

Order #: CR15678-19 LUMBOSACRAL SPINE 2 OR 3 VIEWS

The undersigned attending reviewed and agreed with the interpretation.

EXAMINATION:

LUMBAR SPINE: AP, Lateral, Coned-down

HISTORY:

S/P FALL DOWN STAIRS

FINDINGS:

The lumbar vertebral body heights are maintained.

There is straightening of the lumbar lordosis but the posterior margins of the lumbar vertebral bodies are aligned.

The lumbar disc space heights are preserved.

No destructive osseous lesion is seen.

Page: 1

3/20/10

The intervertebral disc space heights above C6 are maintained.

There is no prevertebral soft tissue swelling.

The odontoid, as visualized, appears unremarkable.

IMPRESSION:

- *Exam limited for evaluation of C7 and the cervicothoracic junction.
- *No acute fracture or subluxation above C7.

ICD-10 Code: W10.8XXA;M54.2

Dictated By: BAIG, ASAD

Dictation Date/Time: 03/19/2019 13:25:02 Approved By: KRUMENACKER, JOHN Last Updated Time: 03/19/2019 17:06:45

Job Status: FINAL

End of Report Content :

Interpreter:

(11944)

Transcriptionist: (784)

Report Date:

03/19/2019 12:12:00

Report Status:

Preliminary

= Begin of Report Content =

Nassau Health Care Corporation NASSAU UNIVERSITY MEDICAL CENTER 2201 Hempstead Turnpike East Meadow, NY 11554 (516) 572-6635 Department of Radiology Preliminary

Patient:RODRIGUEZ,MARBIN 47Y M MRN:17004153J

Loc:JAIL M DOB:04/06/1971

Dr:HENIG,DONNA L. Date of Exam:03/19/2019 Order #: CR15679-19 C SPINE 2 OR 3 VIEWS

The undersigned attending reviewed and agreed with the interpretation.

THIS IS A PRELIMINARY REPORT AND HAS NOT BEEN REVIEWED BY THE

EXAMINATION:

LUMBAR SPINE: AP, Lateral, Coned-down

HISTORY:

S/P FALL DOWN STAIRS

COMPARISON/CORRELATION:

Noneavailable.

FINDINGS:

The vertebral bodies heights are preserved. The bone mineralization is normal.

There is grade 1 anterolisthesis of L5 with respect to S1.

The lumbar disc spaces are grossly maintained. Minimal osteophytosis, facet joint hypertrophy and endplate sclerotic changes

The SI joints are symmetric.

IMPRESSION:

No evidence of acute fracture or gross subluxation.

ICD-10 Code:

Dictated By: BAIG, ASAD

Dictation Date/Time: 03/19/2019 13:38:21

Job Status: PRELIMINARY

= End of Report Content =

Other reports for RODRIGUEZ, MARBIN (MRN: 17060088J)				
Study Description	Accession Number	Report Date & Time	Study Date & Time	# of Reports
FEMURL FEMUR 2 VIEWS LEFT	CR50349-18	08/28/2018 09:48	08/28/2018 09:44	3
CHEST2 CHEST 2 VIEWS	CR7822-19	02/08/2019 09:37	02/08/2019 09:40	3
CSP2 C SPINE 2 OR 3 VIEWS	CR15679-19	03/19/2019 12:12	03/19/2019 12:17	2 .

Patient Name: RODRIGUEZ, MARBIN

MRN: 17004153J DOB: 04/16/1971

Sex: M

Patient Accession: CR50349-18 Study Date: 08/28/2018 09:44

Study Description: FEMURL FEMUR 2 VIEWS LEFT

Interpreter: (05316)

Transcriptionist: (784)

Report Date: 08/28/2018 09:48:00

Report Status: Final

= Begin of Report Content =

Nassau Health Care Corporation NASSAU UNIVERSITY MEDICAL CENTER 2201 Hempstead Turnpike East Meadow, NY 11554 (516) 572-6635 Department of Radiology

Final

Patient:RODRIGUEZ,MARBIN 47Y M MRN:17004153J

Loc:JAIL M DOB:04/16/1971

Dr:HENIG,DONNA L. Date of Exam:08/28/2018 Order #: CR50349-18 FEMUR 2 VIEWS LEFT

The undersigned attending reviewed and agreed with the interpretation.

EXAMINATION:

LEFT FEMUR RADIOGRAPHS: AP, Lateral

HISTORY:

R/O CAUSE OF LEFT THIGH PAIN

COMPARISON/CORRELATION:

Noneavailable.

FINDINGS:

The femoral head is not imaged. Subject to this limitation, no osseous destruction or erosion, periosteal reaction, or fracture is identified. No soft tissue gas or unusual soft tissue calcifications are seen. The bone mineralization is normal.

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UNDERSIGNING ATTENDING.

EXAMINATION:

CERVICAL SPINE: AP, Lateral, Odontoid, Fuchs

HISTORY:

S/P FALL DOWN STAIRS

COMPARISON/CORRELATION:

Noneavailable

FINDINGS:

C7 is not well visualized on lateral projection.

Examination of the visualized cervical spine demonstrates no acute fracture or subluxation.

The vertebral body heights are grossly preserved.

The posterior margins of the cervical vertebral bodies are grossly aligned. Minimal marginal osteophytosis and endplate sclerotic changes.

The intervertebral disc spaces are maintained.

There is no significant prevertebral soft tissue swelling.

The odontoid, as visualized, appears unremarkable. The lateral masses of C1 and C2 are aligned.

IMPRESSION:

Limited study.

No evidence of acute fracture or subluxation.

ICD-10 Code:

Dictated By: BAIG, ASAD

Dictation Date/Time: 03/19/2019 13:25:02

Job Status: PRELIMINARY

= End of Report Content

Other reports for RODRIGUEZ, MARBIN (MRN: 17060088J)

EXAMINATION:

LUMBAR SPINE: AP, Lateral, Coned-down

HISTORY:

S/P FALL DOWN STAIRS

COMPARISON/CORRELATION:

Noneavailable.

FINDINGS:

The vertebral bodies heights are preserved. The bone mineralization is normal.

There is grade 1 anterolisthesis of L5 with respect to S1.

The lumbar disc spaces are grossly maintained. Minimal osteophytosis, facet joint hypertrophy and endplate sclerotic changes

The SI joints are symmetric.

IMPRESSION:

No evidence of acute fracture or gross subluxation.

ICD-10 Code:

Dictated By: BAIG, ASAD

Dictation Date/Time: 03/19/2019 13:38:21

Job Status: PRELIMINARY

End of Report Content =

Other reports for RODRIGUEZ, MARBIN (MRN: 17060088J)				
Study Description	Accession Number	Report Date & Time	Study Date & Time	# of Reports
FEMURL FEMUR 2 VIEWS LEFT	CR50349-18	08/28/2018 09:48	08/28/2018 09:44	3
CHEST2 CHEST 2 VIEWS	CR7822-19	02/08/2019 09:37	02/08/2019 09:40	3
CSP2 C SPINE 2 OR 3 VIEWS	CR15679-19	03/19/2019 12:12	03/19/2019 12:17	2

Patient Name: RODRIGUEZ, MARBIN

MRN: 17060088J DOB: 04/06/1971

Sex: M

Patient Accession: CR15679-19 Study Date: 03/19/2019 12:17

Study Description: CSP2 C SPINE 2 OR 3 VIEWS

Interpreter: (05316)Transcriptionist: (784)

Report Date:

03/19/2019 12:12:00

Report Status:

Final

= Begin of Report Content =

Nassau Health Care Corporation NASSAU UNIVERSITY MEDICAL CENTER 2201 Hempstead Turnpike East Meadow, NY 11554 (516) 572-6635 Department of Radiology Final

Patient:RODRIGUEZ, MARBIN 47Y M MRN:17060088J

Loc:JAIL M DOB:04/06/1971

Dr:HENIG,DONNA L. Date of Exam:03/19/2019 Order #: CR15679-19 C SPINE 2 OR 3 VIEWS

The undersigned attending reviewed and agreed with the interpretation.

EXAMINATION:

CERVICAL SPINE: AP, Lateral, open-mouth

HISTORY:

S/P FALL DOWN STAIRS

COMPARISON/CORRELATION:

Noneavailable

FINDINGS:

C7 is obscured by the shoulders on the lateral projection.

The cervical vertebral body heights above C7 are preserved.

There is straightening of the cervical lordosis but the posterior margins of the cervical vertebral bodies above C7 are aligned.

Page: 1

1110/10 m

Patient Name: RODRIGUEZ, MARBIN

MRN: 17060088J DOB: 04/06/1971

Sex: M

Patient Accession: CR15678-19 Study Date: 03/19/2019 12:30

Study Description: LSPIN2 LUMBOSACRAL SPINE 2 OR 3 VIEWS

Interpreter:

(05316)

Transcriptionist: (784) Report Date: 03/19.

03/19/2019 12:12:00

Report Status:

Final

=== Begin of Report Content =

Nassau Health Care Corporation NASSAU UNIVERSITY MEDICAL CENTER 2201 Hempstead Turnpike East Meadow, NY 11554 (516) 572-6635 Department of Radiology Final

Patient:RODRIGUEZ,MARBIN 47Y M MRN:17060088J

Loc:JAIL M DOB:04/06/1971

Dr:HENIG, DONNA L. Date of Exam:03/19/2019

Order #: CR15678-19 LUMBOSACRAL SPINE 2 OR 3 VIEWS

The undersigned attending reviewed and agreed with the interpretation.

EXAMINATION:

LUMBAR SPINE: AP, Lateral, Coned-down

HISTORY:

S/P FALL DOWN STAIRS

FINDINGS:

The lumbar vertebral body heights are maintained.

There is straightening of the lumbar lordosis but the posterior margins of the lumbar vertebral bodies are aligned.

The lumbar disc space heights are preserved.

No destructive osseous lesion is seen.

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Page: 1

April 20119

The intervertebral disc space heights above C6 are maintained.

There is no prevertebral soft tissue swelling.

The odontoid, as visualized, appears unremarkable.

IMPRESSION:

- *Exam limited for evaluation of C7 and the cervicothoracic junction.
- *No acute fracture or subluxation above C7.

ICD-10 Code: W10.8XXA;M54.2

Dictated By: BAIG, ASAD

Dictation Date/Time: 03/19/2019 13:25:02 Approved By: KRUMENACKER, JOHN Last Updated Time: 03/19/2019 17:06:45

Job Status: FINAL

End of Report Content =

Interpreter:

(11944)Transcriptionist: (784)

Report Date:

03/19/2019 12:12:00

Report Status:

Preliminary

== Begin of Report Content =

Nassau Health Care Corporation NASSAU UNIVERSITY MEDICAL CENTER 2201 Hempstead Turnpike East Meadow, NY 11554 (516) 572-6635 Department of Radiology Preliminary

Patient:RODRIGUEZ,MARBIN 47Y M MRN:17004153J

Loc:JAIL M DOB:04/06/1971

Dr:HENIG, DONNA L. Date of Exam: 03/19/2019 Order #: CR15679-19 C SPINE 2 OR 3 VIEWS

The undersigned attending reviewed and agreed with the interpretation.

THIS IS A PRELIMINARY REPORT AND HAS NOT BEEN REVIEWED BY THE

The SI joints are symmetrical in appearance.

No unusual paravertebral calcifications are identified.

IMPRESSION:

No acute fracture. No subluxation. No significant degenerative changes.

ICD-10 Code: M54.5;W10.8XXA

Dictated By: BAIG, ASAD

Dictation Date/Time: 03/19/2019 13:38:21 Approved By: KRUMENACKER, JOHN Last Updated Time: 03/19/2019 17:26:31

Job Status: FINAL

End of Report Content =

Interpreter: (11944) Transcriptionist: (784)

Report Date: 03/19/2019 12:12:00

Report Status:

Preliminary

Begin of Report Content =

Nassau Health Care Corporation NASSAU UNIVERSITY MEDICAL CENTER 2201 Hempstead Turnpike East Meadow, NY 11554 (516) 572-6635 Department of Radiology Preliminary

Patient:RODRIGUEZ,MARBIN 47Y M MRN:17004153J

Loc:JAIL M DOB:04/06/1971

Dr:HENIG, DONNA L. Date of Exam:03/19/2019

Order #: CR15678-19 LUMBOSACRAL SPINE 2 OR 3 VIEWS

The undersigned attending reviewed and agreed with the interpretation.

THIS IS A PRELIMINARY REPORT AND HAS NOT BEEN REVIEWED BY THE UNDERSIGNING ATTENDING.

UNDERSIGNING ATTENDING.

EXAMINATION:

CERVICAL SPINE: AP, Lateral, Odontoid, Fuchs

HISTORY:

S/P FALL DOWN STAIRS

COMPARISON/CORRELATION:

Noneavailable

FINDINGS:

C7 is not well visualized on lateral projection.

Examination of the visualized cervical spine demonstrates no acute fracture or subluxation.

The vertebral body heights are grossly preserved.

The posterior margins of the cervical vertebral bodies are grossly aligned. Minimal marginal osteophytosis and endplate sclerotic changes.

The intervertebral disc spaces are maintained.

There is no significant prevertebral soft tissue swelling.

The odontoid, as visualized, appears unremarkable. The lateral masses of C1 and C2 are aligned.

IMPRESSION:

Limited study.

No evidence of acute fracture or subluxation.

ICD-10 Code:

Dictated By: BAIG, ASAD

Dictation Date/Time: 03/19/2019 13:25:02

Job Status: PRELIMINARY

= End of Report Content ==

Other reports for RODRIGUEZ, MARBIN (MRN: 17060088J)

The SI joints are symmetrical in appearance.

No unusual paravertebral calcifications are identified.

IMPRESSION:

No acute fracture. No subluxation. No significant degenerative changes.

ICD-10 Code: M54.5;W10.8XXA

Dictated By: BAIG, ASAD

Dictation Date/Time: 03/19/2019 13:38:21 Approved By: KRUMENACKER, JOHN Last Updated Time: 03/19/2019 17:26:31

Job Status: FINAL

End of Report Content =

Interpreter:

(11944)

Transcriptionist: (784) Report Date: (03/19

03/19/2019 12:12:00

Report Status:

Preliminary

=== Begin of Report Content =

Nassau Health Care Corporation NASSAU UNIVERSITY MEDICAL CENTER 2201 Hempstead Turnpike East Meadow, NY 11554 (516) 572-6635 Department of Radiology Preliminary

Patient:RODRIGUEZ,MARBIN 47Y M MRN:17004153J

Loc:JAIL M DOB:04/06/1971

Dr:HENIG, DONNA L. Date of Exam:03/19/2019

Order #: CR15678-19 LUMBOSACRAL SPINE 2 OR 3 VIEWS

The undersigned attending reviewed and agreed with the interpretation.

THIS IS A PRELIMINARY REPORT AND HAS NOT BEEN REVIEWED BY THE UNDERSIGNING ATTENDING.

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☐ CALL Provider w/ Assessment: Temp Action Taken/Outcome:	Pulse Resp	BP	Wt

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HCP SIGNATURE/PRINT NAME

MODELINE PIERRE, NP 50451

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NASSAU HEALTH CARE C TPOF	RATION
NASSAU COUNTY CORRECTIONAL C	ENTER

SICK CALL REQUEST

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61584322 (2/5/18) 1.1

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HCP SIGNATURE/PRINT NAME	TRIAGE DAT	TIME TIME	

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LIP, New YRN 1192 st domestic shipments include up to \$50 of insurance (restrictions apply). PS Tracking® included for domestic and many international destinations. 7088 2096 5714 70 en used internationally, a customs declaration form is required USPS TRACKING® # sected delivery date specified for domestic use. 100 FEDERAL PLZ CENTRAL ISLIP NY 11722-4438 SHIP C003 04/09/25 EXPECTED DELIVERY DAY: lited international insurance. 1006 2 Lb 1.10 Oz **BYAG-S JIAM YTIROIR9** 3202500050-07 04/06/22 Origin: 14020 **UIS POSTAGE PAID** POSTAL SERVICE. IIPIAL